

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90063 016 ***150.00

DOCUMENT # P94000016374

1. Entity Name

SWFRI MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**5245 RAMSEY WAY
 SUITE 8
 FORT MYERS FL 33907**

Mailing Address

**5245 RAMSEY WAY
 SUITE 8
 FORT MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address

**5245 Ramsey Way
 Suite, Apt. #, etc.
 Suite 9**

**5245 Ramsey Way
 Suite, Apt. #, etc.
 Suite 9**

Fort Myers, FL

Fort Myers, FL

33907 Country

33907 Country

4. FEI Number

65-0466883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**YORK, RONALD W
 5245 RAMSEY WAY
 SUITE 8
 FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name **York Ronald W.**
 Street Address (P.O. Box Number is Not Acceptable)
**5245 Ramsey Way
 Suite 9**
 City **Ft. Myers** **FL** Zip Code **33907**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YORK, RONALD W 5245 RAMSEY WAY, #8 FORT MYERS FL 33907 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT YORK, MARCIA L 5245 RAMSEY WAY, #8 FORT MYERS FL 33907 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, DOUGLAS L 2004 JOHNSON RD IMMOKALEE FL 34142 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ronald W. York
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/02

941-936-5556 x17

CR2E034 (9/01)