

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90667 045 \*\*\*150.00  
 07-31-2001 90229 048 \*\*\*400.00

<b>DOCUMENT #</b> P95000053676					
<b>1. Entity Name</b>					
SUGARLOAF OF SOUTHWEST FLORIDA, INC.					
<b>Principal Place of Business</b>			<b>Mailing Address</b>		
12581 METRO PARKWAY SUITE 14			4354 MULHAUSER ROAD		
FT. MYERS, FL 33912			CINCINNATI, OH 45014		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
Zip			Country		
Zip			Country		
<b>4. FEI Number</b>			<b>Applied For</b>		
65-0597705			Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>11. OFFICERS AND DIRECTORS</b>					
TITLE	MR.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOWRONEK, LAWRENCE J.		NAME		
STREET ADDRESS	740 WOODBINE AVENUE		STREET ADDRESS		
CITY - ST - ZIP	GLENDAL, OHIO 45246		CITY - ST - ZIP		
TITLE	MS.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKOWRONEK, JOANNE D.		NAME		
STREET ADDRESS	740 WOODBINE AVENUE		STREET ADDRESS		
CITY - ST - ZIP	GLENDAL, OHIO 45246		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <i>Lawrence J. Skowronek</i>		LAWRENCE J. SKOWRONEK		513-860-4423	
Typed or Printed Name of Signing Officer or Director		Date		Daytime Phone #	