

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90055 019 ***150.00

DOCUMENT # P95000096306

1. Entity Name
SWFRI OF CAPE CORAL, INC.

Principal Place of Business **Mailing Address**
5295 N RAMSEY WAY **5295 N RAMSEY WAY**
SUITE 8 **SUITE 8**
FT. MYERS FL 33907 **FT. MYERS FL 33907**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
5245 Ramsey Way **5245 Ramsey Way**
Suite, Apt. #, etc. Suite 9 **Suite, Apt. #, etc. Suite 9**
City & State Ft Myers FL **City & State Ft Myers, FL**
Zip 33907 Country **Zip 33907 Country**

4. FEI Number **65-0636769** **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
YORK, RONALD W **Name York Ronald W.**
5245 RAMSEY WAY **Street Address (P.O. Box Number is Not Acceptable) 5245 Ramsey Way**
SUITE 8 **Suite 9**
FT. MYERS FL 33907 **City Fort 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 _____ **(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. ☐ **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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YORK, RONALD W		NAME		
STREET ADDRESS	5245 RAMSEY WAY, SUITE 8		STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33907		CITY-ST-ZIP		
TITLE	DTSV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YORK, MARCIA L		NAME		
STREET ADDRESS	5245 RAMSEY WAY, SUITE 8		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33907		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, DOUGLAS L		NAME		
STREET ADDRESS	2004 JOHNSON ROAD		STREET ADDRESS		
CITY-ST-ZIP	IMMOKALEE FL 34142		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		
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		
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		

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 **2/14/02** **941 936 5852 x14**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)