

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037269

1. Entity Name

THE BLIND GUYS OF SOUTHWEST FLORIDA, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90175 010 ***150.00

Principal Place of Business

15800 BROTHERS CT
#3
FORT MYERS FL 33912
US

Mailing Address

15800 BROTHERS CT
#3
FORT MYERS FL 33912-2200
US

2. Principal Place of Business

15804 BROTHERS CT
Suite, Apt. #, etc.
#2

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Zip

33912

Country

USA

Country

4. FEI Number

65-0789880

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRELL, JEFFREY
4200 UTE CT
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
DPST
FARRELL, JEFFREY
4200 UTE CT
ESTERO FL 33928 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FARRELL, JEFFREY
4200 UTE CT
ESTERO FL 33928 ☒ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

Jeffrey Farrell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)