## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000017349

1. Entity Name

**SIGNATURE** 

## FORT MYERS SOUTHERN RAILROAD COMPANY

Principal Place of Business Mailing Address STE.203.900 6TH AVE..SO. STE.203.900 6TH AVE..SO. NAPLES FL 34102-6745 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

## **FILED** May 16, 2000 8:00 am Secretary of State

05-16-2000 90568 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

SCHWEIKHARDT, WILLIAM   Street Address of Current Registered Agent   T. Name and Address of New Registered Agent	City & Stat	e	İ	City & State		4. FEI Number 65-0887494		<del>-</del> -	pplied For
S. Certificate of Status Desired   Foe Required   S. Certificate of Status Desired   S. Certificate of New Registered Agent   S. Certificate of New Registered Agen			<u></u>	7:-					
SCHWERHARDT, WILLIAM STE 203,900 6TH AVE.SO. NAPLES FL 34102  City FL Zip Code  City	∠ip 	Country		ZIP	Country		Fee	e Require	
SCHWEIKHARDT, WILLIAM STE 203,900 6TH AVE.SO. NAPLES FL 34102  City FL Zip Code  6. 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, yound or privat raine of registered agent agreed agent signature registered agent, or both, in the State of Florida  Signature Signature, yound or privat raine of registered agent agreed agent signature registered agent, or both, in the State of Florida  Signature Signature, yound or privat raine of registered agent agreed agent signature registered agent, or both, in the State of Florida  Signature Signature, yound or privat raine of registered agent agreed agent signature registered agent, or both, in the State of Florida  Signature Signature Signature registered agent   After MAY 1, 2000 Fee will be \$550.00  This corporation is eligible to satisfy its Intangible  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  This corporation is eligible to satisfy its Intangible  After MAY 1, 2000 Fee will be \$550.00  This page 1 for the State of Florida  This page 2 for the State of Florida  Th		6. Name and Address	of Current Re	gistered Agent		7. I	Name and Address of New Registered Age	ent	
STE 203,900 8TH AVE.,SO. NAPLES FL 34102  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  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)			_		Name				
B. 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, speed or pread name of legistered agent and the 8 appricable.  P. This corporation is eligible to satisfy its Inlangitible Tax Miling requirement and elects to do so.  [Atter MAY 1, 2000 Fee will be \$550.00 Mate Check Payable to Department of State  11. OFFICERS AND DIRECTORS  PSD   SCHOWEKHARDT, WILL   STREET ADDRESS	STE.203,900 6TH AVE.,SO.					Street Address (P.O. Box Number is Not Acceptable)			
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  9. This corporation is eligible to satisfy its intangible Tax hilling requirement and elects to do so.  After MAY 1, 2000 Fee will be \$550.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  STREET ADDRESS  OTTY-ST-ZIP  Delete  NAME  STREET ADDRESS  OTTY-ST-ZIP  Delete  NAME  STREET ADDRESS  OTTY-ST-ZIP  Delete  STREET ADDRESS  OTTY-ST-ZIP  Delete  NAME  STREET ADDRESS  OTTY-ST-ZIP  TITLE  NAME  STREET ADDRESS  OTTY-ST-ZIP  Delete  STREET ADDRESS  OTTY-ST-ZIP  Delete  STREET ADDRESS  OTTY-ST-ZIP  TITLE  NAME  STREET	NAP	LES FL 34102			City	<u>_</u>		Zip Cor	
SIGNATURE    Signature, typed or printed name of registered agent and the if applicable.   (NOTE: Registered Agent signature required when rentating)   DATE									
Signature, speed or printed name of largetized agreet and lite if applicable.  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.	8. The above	named entity submits this s	tatement for th	e purpose of changing it	s registered office or	registered ag	ent, or both, in the State of Florida.		
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13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this report or suppliemental report is true and accurate and that by 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 strust of nowwerd to exempt as required the characteristic and that my name appears in Block 11 or Block 12 if	-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				od io Ceet'	110 07/0Vi) Florido Statutos I further contife	that the	information
of the corporation of the ecceiver extrusted prowered to execute this rebort as required by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if	13. I nereby indicated	certify that the information su I on this report or supplemen	upplied with thi stal report is tru	is ming does not quality to To and accurate and that	or the exemption star y signature shall h	ave the same	legal effect as if made under oath; that I am:	an office	r or director
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