

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034560

1. Entity Name

LOA OF SOUTHWEST FLORIDA, INC.

**FILED**  
**Aug 04, 2000 8:00 am**  
**Secretary of State**

08-04-2000 90004 004 \*\*\*550.00

Principal Place of Business

4479 MELBOURN ST-  
CHARLOTTE HARBOR FL 33980

Mailing Address

4479 MELBOURN ST-  
CHARLOTTE HARBOR FL 33980

2. Principal Place of Business

12100 SW Academy Dr

3. Mailing Address

12100 SW Academy Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKE SUZY FL

City & State

LAKE SUZY FL

4. FEI Number

65-0828237

Applied For

Not Applicable

Zip

34266

Country

DESOTO

Zip

34266

Country

DESOTO

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUIR, SHERRI  
4479 MELBOURNE ST  
CHARLOTTE HARBOR FL 33980

7. Name and Address of New Registered Agent

Name

MUIR, SHERI

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

12100 SW Academy Dr.

City

LAKE SUZY

FL

Zip Code

34266

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

*Sheri Muir*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/1/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 DVS ☐ Delete  
NAME KONIDES, NANCY  
STREET ADDRESS 241 CAPRI ISLES COURT  
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D ☐ Delete  
NAME SHEPARD, DAVID  
STREET ADDRESS 12408 SW SHERI STREET  
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME Sheri Muir  
STREET ADDRESS 3506 Yukon Dr  
CITY-ST-ZIP Port Charlotte FL 33948

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Sheri Muir*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00

Date

941-764-0456

Daytime Phone #

CR2E034 (5/00)