

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90400 046 \*\*\*150.00

05-40621

**DOCUMENT # P98000087602**

1. Entity Name  
**SECURITY CAPITAL OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business Mailing Address  
**3400 WINKLER AVE.** **P.O. BOX 110448**  
**FT. MYERS FL 33916** **NAPLES FL 34108-0108**

**2059 Trade Center Way**  
 2. Principal Place of Business 3. Mailing Address  
**2059 Trade Center Way** **P.O. Box 110448**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**NAPLES, FL.** **NAPLES, FL.**  
 City & State City & State  
**34109** **34108**  
 Zip Country **Collier** Zip Country **Collier**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3537992** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**FAGA, ANTONIO ESQ.**  
**375 12TH AVENUE S.**  
**NAPLES FL 34102**

## 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

(NOTE: Registered Agent signature required when reinstating)

**4.28.01**  
 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, 2001 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>STEVENS, MICHAEL</b>	
STREET ADDRESS	<b>2400 WINKLER AVE.</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33916</b>	
TITLE	<b>VP - Director</b>	<input type="checkbox"/> Delete
NAME	<b>KATHY FENSTEIN</b>	
STREET ADDRESS	<b>13524 ROSEWOOD LANE</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34119</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4.28.01 941.513.2272**

CR2E034 (10/00)