

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2001 8:00 am**  
**Secretary of State**

02-26-2001 90506 026 \*\*\*150.00

**DOCUMENT # P99000004572**

1. Entity Name  
**SOUTH WEST FLORIDA DEVELOPMENT CORPORATION**



626225



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1008 NE 7TH TERR**  
**SUITE A**  
**CAPE CORAL FL 33909**

Mailing Address  
**1008 NE 7TH TERR**  
**SUITE A**  
**CAPE CORAL FL 33909**

2. Principal Place of Business  
**12016 Matlacha Blvd.**

3. Mailing Address  
**12670 New Brittany Blvd.**

Suite, Apt. #, etc.  
**Unit C**

Suite, Apt. #, etc.  
**Suite 101**

City & State  
**Cape Coral, FL**

City & State  
**Fort Myers, FL**

4. FEI Number **65-0889592**

Applied For  
☐ Not Applicable

Zip Country Zip Country  
**33991 USA 33907 US**

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

6. Name and Address of Current Registered Agent  
**WINSTON, STUART C**  
**2309 S.E. 10TH PLACE**  
**CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**12016 Matlacha Blvd.**  
**Unit C**  
 City  
**Cape Coral** **FL** Zip Code  
**33991**

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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PST</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINSTON, STUART C</b>		NAME		
STREET ADDRESS	<b>2309 S.E. 10TH PLACE</b>		STREET ADDRESS	<b>12016 Matlacha Blvd.</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33990</b>		CITY-ST-ZIP	<b>Unit C</b> <b>Cape Coral, FL 33991</b>	
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		
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: **Stuart C Winston**

**FEB. 16, 2001**

CR20034 (10/00)