

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000007527**

1. Entity Name

SWOPE, LAMBERSON & GUILKEY PLANNING GROUP, INC.**FILED****May 01, 2000 8:00 am**
Secretary of State

02-14-2000 90019 029 ***150.00

Principal Place of Business

Mailing Address

4501 TAMiami TRAIL NORTH, #204
NAPLES FL 341034501 TAMiami TRAIL NORTH, #204
NAPLES FL 34103-3018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0892565

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMBERSON, JANE E
4501 TAMiami TRAIL NORTH, #204
NAPLES FL 34103

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	SWOPE, RICHARD L	NAME	
STREET ADDRESS	4501 TAMiami TRAIL NORTH, #204	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	LAMBERSON, JANE E	NAME	
STREET ADDRESS	4501 TAMiami TRAIL NORTH, #204	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	GUILKEY, LINDA L	NAME	
STREET ADDRESS	4501 TAMiami TRAIL NORTH, #204	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	O'CONNOR, WILLIAM J	NAME	
STREET ADDRESS	4501 TAMiami TRAIL NORTH, #204	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)