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

## **FILED** DOCUMENT # P99000081210 Apr 10, 2000 8:00 am 1. Entity Name SOUTHWEST FLORIDA INVESTMENT GROUP, INC. Secretary of State 04-10-2000 90048 013 \*\*\*150.00 Principal Place of Business Mailing Address 1710 DIXIE BEACH BLVD. 1710 DIXIE BEACH BLVD. SANIBEL FL 33957-3410 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address 1633 Periwinkle Way DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite A 4. FEI Number Applied For City & State City & State Sanibel, Florida 65-0947705 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33957 Lee 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURTY, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 1633 PERIWINKLE WAY SUITE A SANIBEL FL 33957 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. OSTD TITLE PD X Change Addition Delete TITLE IANELLI, THEODORE J NAME NAME 1710 DIXIE BEACH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 ☐ Change ☐ Delete TITLE VPD NAME NAMÉ GOLAB, FRANK STREET ADDRESS STREET ADDRESS 5610 SW 9th Avenue CITY-ST-ZIP CITY-ST-ZIP Cape Coral, FL 33914 ☐ Change X Addition Delete TITLE TITLE STD NAME NAME IANELLI, JAMES STREET ADDRESS STREET ADDRESS 1710 Dixie Beach Boulevard Sanibel, FL 33957 CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE MURTY, TIMOTHY J. NAME NAME STREET ADDRESS 1633 Periwinkle Way, Ste. A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Sanibel, FL 33957</u> Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR