

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S58759

1. Entity Name

SOUTH FLORIDA WOMEN'S CENTER, P.A.

FILED

Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90017 003 \*\*\*150.00

Principal Place of Business

15250 SO RT 41  
SUITE H  
FT MYERS FL 33908  
US

Mailing Address

15250 SO RT 41  
SUITE H  
FT MYERS FL 33908  
US

2. Principal Place of Business

629 LIGHTHOUSE

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

WAY

Suite, Apt. #, etc.

City & State

SANIBEL FL

City & State

Zip

33957

Country

US

Zip

Country

4. FEI Number 65-0292131

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

LOMANO, JACK M  
629 LIGHTHOUSE WAY  
SANIBEL FL 33917

Name

JACK LOMANO

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

629 LIGHTHOUSE

City

SANIBEL

FL

Zip Code

33957

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, 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 PD  
NAME LOMANO, JACK M  
STREET ADDRESS 629 LIGHTHOUSE WAY  
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

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

TITLE D  
NAME LOMANO, JACK M  
STREET ADDRESS 629 LIGHTHOUSE WAY  
CITY-ST-ZIP SANIBEL FL 33957 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Delete  
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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:

JACK LOMANO

Date

Daytime Phone #

CR2E034 (10/00)