

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744232

1. Entity Name

AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 OCT -9 PM 12:25

Principal Place of Business

Mailing Address

2285 FIRST ST  
FT MYERS FL 33901  
US

2285 FIRST ST  
FT MYERS FL 33901  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number

REINSTATEMENT

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

FERRELL, MARY A  
BOYER & FERRELL, P.A.  
1800 SECOND STREET, SUITE 760  
SARASOTA FL 34236

Name  
Ginger Koch

Street Address (P.O. Box Number is Not Acceptable)  
241 S E 20th Court

City  
Cape Coral

FL

Zip Code  
33990

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

*Ginger D. Koch*  
Signature, typed or printed name of registered agent and title if applicable

Ginger D. Koch, President

10/6/00

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

|                                                |                                                                   |                                            |
|------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>EMMETT, CATHY<br>7674 37TH ST. CIRCLE E<br>SARASOTA FL 34243 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>FARRELL, MARY-ALICE<br>1038 S OSPREY AVE<br>SARASOTA FL      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KOEHLER, JOHN<br>2875 PALM BCH BLVD C 601<br>FT MYERS FL     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHNAUFER, LAURIE<br>1300 SHOREVIEW DR<br>ENGLEWOOD FL       | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FALLERT, HELEN<br>5099 FAIRFIELD DR<br>FT MYERS FL           | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                     |                                                                   |                                                                              |
|------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Ginger Koch<br>241 SE 20th Court<br>Cape Coral, FL 33990                       | 08-09-00 90076 Change 36<br>\$70.00                               | <input checked="" type="checkbox"/> Addition                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Betty Gamel<br>330 Goodlette Road South<br>Naples, Florida 34102               |                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Christopher Likens<br>1800 Second Street, Suite 919<br>Sarasota, Florida 34236 |                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Laurie Schnaufer<br>895 S. Indiana Ave<br>Englewood, FL 34223                  |                                                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Vera Stephens<br>3204 C Street<br>Fort Myers, Florida 33916                    |                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                     | 600003423626--9<br>-10/12/00--01104--001<br>****175.00 ****175.00 |                                                                              |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ginger D. Koch*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/00

Date

(941) 332-4233

Daytime Phone #

CR2E037 (5/00)