

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02276

FILED
Apr 05, 2002 8:00 AM
Secretary of State

Entity Name: GUADALUPE CENTER, INC.

Current Principal Place of Business:

211 S 9TH ST
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1053
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 59-2617151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARMICHAEL, KEVIN
821 5TH AVE S # 201
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: LIEB, ROCHELLE
Address: 616 NASSAU STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: TD () Delete
Name: CARMICHAEL, KEVIN
Address: 821 5TH AVE S # 201
City-St-Zip: NAPLES, FL 34102

Title: PD () Delete
Name: MCCURDY, JACQUELINE
Address: 3341 CREEKVIEW DR.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: MEYERS, RICHARD
Address: 1288 BOLD CYPRESS LANE
City-St-Zip: NAPLES, FL 34119

Title: TD (X) Delete
Name: CARMICHAEL, KEVIN
Address: 821 5TH AVENUE S #201
City-St-Zip: NAPLES, FL 34102

Title: PD (X) Delete
Name: MCCURDY, JACQUELINE
Address: 3341 CREEKVIEW DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN CARMICHAEL

TD

04/05/2002

Electronic Signature of Signing Officer or Director

Date