

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34517

1. Entity Name

LEE COUNTY AIDS TASK FORCE, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90131 044 ****61.25

Principal Place of Business

2231-B MCGREGOR BLVD.
FT. MYERS FL 33901
US

Mailing Address

2231-B MCGREGOR BLVD
FT MYERS FL 33901-3311
US

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

65-0147957

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

MOORE, CAROLYN L
2231 MCGREGOR
FT. MYERS FL 33901

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

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HOROWITZ, ANDREA
STREET ADDRESS 15529 FIDDLESTICK BLVD.
CITY-ST-ZIP FORT MYERS FL 33912

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

TITLE VD ☐ Delete
NAME ROLLS, DAVID
STREET ADDRESS 2107 CLEVELAND AVE.
CITY-ST-ZIP FORT MYERS FL 33901

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

TITLE SD ☒ Delete
NAME FOWLER, DAVID
STREET ADDRESS 1715 MONROE STREET
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☒ Change ☐ Addition
NAME Cora Molloy, Atty.
STREET ADDRESS 8909 Banyan Cove Circle
CITY-ST-ZIP Ft. Myers, Fl. 33909 **Secy.**

TITLE TD ☐ Delete
NAME MARTIN, ELIZABETH
STREET ADDRESS 8211 COLLEGE PARKWAY
CITY-ST-ZIP FORT MYERS FL 33919

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

TITLE D ☐ Delete
NAME PRATHER, WILLIAM
STREET ADDRESS 1380 COLONIAL BLVD.
CITY-ST-ZIP FORT MYERS FL 33901

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

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:

Elizabeth H. Hartsig
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)