2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
02-01-2001 90132 009 ****61.25

DOCUMENT # N34517

1. Entity Name

LEE COUNTY AIDS TASK FORCE, INC.

Principal Place of Business	Mailing Address
2231-B MCGREGOR BLVD. FT. MYERS FL 33901 US	2231-B MCGREGOR BLVD FT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE

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 Carolyn L Moore

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	TITLE	D ☐ Change ☒ Addition
NAME	HOROWITZ, ANDREA	NAME	CHRISTINE ~~PEETE~~
STREET ADDRESS	15529 FIDDLESTICK BLVD.	STREET ADDRESS	PO BOX 518
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	FORT MYERS, FL 33902
TITLE	VD ☐ Delete	TITLE	ROBERT WICKSON ☐ Change ☒ Addition
NAME	ROLLS, DAVID	NAME	D
STREET ADDRESS	2107 CLEVELAND AVE.	STREET ADDRESS	14533 MAJESTIC EAGLE
CITY-ST-ZIP	FORT MYERS FL 33901	CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	SD ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	MOLLOY, CORA	NAME	ROBERT MCDOUGAL
STREET ADDRESS	8909 BANYON COVE CIRCLE	STREET ADDRESS	14533 MAJESTIC EAGLE
CITY-ST-ZIP	FT MYERS FL 33909	CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	TD ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	MARTIN, ELIZABETH	NAME	LAURA ELISE HANEL
STREET ADDRESS	8211 COLLEGE PARKWAY	STREET ADDRESS	3778 HANOVER STREET
CITY-ST-ZIP	FORT MYERS FL 33919	CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D ☐ Delete	TITLE	D ☐ Change ☐ Addition
NAME	PRATHER, WILLIAM	NAME	KRISTIN NAIL
STREET ADDRESS	1380 COLONIAL BLVD.	STREET ADDRESS	19451 MERIDITH ROAD
CITY-ST-ZIP	FORT MYERS FL 33901	CITY-ST-ZIP	NORTH FORT MYERS, FL 33912
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SALLY MAITLAND	NAME	
STREET ADDRESS	12221 MOON SHELL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MATLACHA, FL 33991	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: SIGNATURE NOT REQUIRED 1/19/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)