

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48083

1. Entity Name

QUALITY LIFE CENTER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

3210 DR MARTIN LUTHER KING JR BLVD  
FT MYERS FL 33916  
US

PO BOX 1255  
FT MYERS FL 33902-1255

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

65-0321309

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

EBELINI, MARK A ESQ  
HUMPHREY & KNOTT, P.A.  
1625 HENDRY ST., STE. 301  
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 D ☒ Delete  
NAME WECK, WALTER  
STREET ADDRESS 6043 DELLDO COURT  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE D ☐ Change ☒ Addition  
NAME Irwin W. Barkan  
STREET ADDRESS 1910 Virginia Avenue, #202B  
CITY-ST-ZIP Fort Myers, FL 33901

TITLE D ☐ Delete  
NAME FULLER, HELEN  
STREET ADDRESS 1828 S. MARKLEY COURT  
CITY-ST-ZIP FT MYERS FL 33916

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

TITLE D ☒ Delete  
NAME JENKINS, RON  
STREET ADDRESS 4641-15 LAKESIDE CLUB BLVD  
CITY-ST-ZIP FT MYERS FL 33905

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

TITLE D ☐ Delete  
NAME POWE, G. YOUNG  
STREET ADDRESS 1408 S.E. 5TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33990

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

TITLE D ☐ Delete  
NAME STREETS, JOHNNY  
STREET ADDRESS 2162 BEN STREET  
CITY-ST-ZIP FORT MYERS FL 33916

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

TITLE D ☐ Delete  
NAME PITTS, LEE  
STREET ADDRESS P.O. BOX 2662 N/A  
CITY-ST-ZIP FT MYERS FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

01-28-2000 90165 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)