

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90378 023 \*\*\*\*61.25

DOCUMENT # **N98000000731**

1. Entity Name  
**WAKE UP AMERICA OF LAKE FAIRWAYS, INC.**  
 Florida Non-Profit

Principal Place of Business      Mailing Address  
**7642 Eaglet Court**      **7642 Eaglet Court**  
**Fort Myers, FL 33912**      **Fort Myers, FL 33912**

2. Principal Place of Business      3. Mailing Address  
**2135 Central Ave.**      **P.O. Box 1654**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Fort Myers, FL**      **Fort Myers, FL**  
 Zip      Country      Zip      Country  
**33901**      **Lee**      **33902**      **Lee**

4. FEI Number      Applied For  
**65-0811718**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**A0068128**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**Thomas M. Wiley, Jr.**  
**7642 Eaglet Court**  
**Fort Myers, FL 33912**

7. Name and Address of New Registered Agent  
 Name      **Gerald F. Koenig**  
 Street Address (P.O. Box Number is Not Acceptable)      **7019 New Post Drive**  
 City      **No. Fort Myers, FL**      Zip Code      **33917**

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  **Gerald F. Koenig**      **April 24, 2001**  
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Norman Poitras	
STREET ADDRESS	19232 Cedar Chest, No. Fort Myers,	
CITY-ST-ZIP	FL 33903	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	Thomas M. Wiley, Jr.	
STREET ADDRESS	7642 Eaglet Court	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	Burnette Bloodworth	
STREET ADDRESS	1441 Maravilla Ave.	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerald F. Koenig	
STREET ADDRESS	7019 New Post Drive	
CITY-ST-ZIP	No. Fort Myers, FL 33917	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Smith	
STREET ADDRESS	3175 Shell Lane	
CITY-ST-ZIP	LaBelle, FL 33434	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Hessler	
STREET ADDRESS	1788 Fowler St.	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry Fox	
STREET ADDRESS	2528 N.E. 1st Ave.	
CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Sapp	
STREET ADDRESS	3275 South St.	
CITY-ST-ZIP	Fort Myers, FL 33916	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Quake	
STREET ADDRESS	8390 Riveria Ave.	
CITY-ST-ZIP	Fort Myers, FL 33919	

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:  **Gerald F. Koenig**      **President and Director**      **April 24, 2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (11/00)