

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90114 001 ****61.25

0090183

DOCUMENT # N99000002760

1. Entity Name

LABPA EDUCATION FOUNDATION, INC.



Principal Place of Business

**C/O MELINDA P. RIDDLE, ESQ.
2500 SOUTH AIRPORT ROAD, SUITE 311
NAPLES FL 34112**

Mailing Address

**PO BOX 990724
NAPLES FL 34112**

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 **65-0939989**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIDDLE, MELINDA P
2500 SOUTH AIRPORT ROAD, SUITE 311
NAPLES FL 34112**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DANIELA, GRACEY E**
STREET ADDRESS **4514 OSSABAW WAY**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **D** ☒ Delete
NAME **PEREZ-PEARSON, MIRNA**
STREET ADDRESS **4514 OSSABAW WAY**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **D** ☒ Delete
NAME **SACO, YVETTE L**
STREET ADDRESS **2004 SHEFFIELD AV**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **D** ☐ Delete
NAME **COBURN, MARTA U DR.**
STREET ADDRESS **3838 DOMESTIC AVENUE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **D** ☐ Delete
NAME **DUSTIN, YOLANDA**
STREET ADDRESS **P.O. BOX 7923**
CITY-ST-ZIP **NAPLES FL 34101-7923**

TITLE **D** ☐ Delete
NAME **DEARMAS, MARY**
STREET ADDRESS **108 SANTA CLARA DRIVE, #3**
CITY-ST-ZIP **NAPLES FL 34104**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Liliana Garcia Davis**
STREET ADDRESS **1583 Weybridge Circle**
CITY-ST-ZIP **Naples FL 34110-1097**

TITLE **D** ☒ Change ☐ Addition
NAME **Daniela Gracey**
STREET ADDRESS **1406 Churchill Circle P101**
CITY-ST-ZIP **Naples FL 34116**

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

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

TITLE ☐ Change ☐ Addition
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: **Daniela Gracey** 421-03 234-659-6845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)