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

FILED Oct 03, 2002 8:00 am Secretary of State

10-03-2002 90050 034 ****61.25

DOCUMENT # N/9900006907 1. Entity Name Roach Motivational Education Foundation DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 341 20th Street SE 341 20th Street SE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 31-1714193 Naples Naples Not Applicable Zip Country Zip Florida Country USA \$8.75 Additional 5. Certificate of Status Desired USA Florida Fee Required 7. Name and Address of Current Registered Agent THE PARTY OF THE P James Schott DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 341 20th Street SE City Naples 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. James Schon 09/28/2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Initial or Amended UBR Added to Fees Department of State : OFFICERS AND DIRECTORS 10. TITLE Schott, James (P/T/D) NAME NAME 341 20th Street SE STREET ADDRESS STREET ADDRESS Naples, FL 34117 CITY - ST - ZIP CITY-ST-ZIP Manley, Paul (V. //D) NAME 2150 Goodlette Road North STREET ADDRÉSS STREET ADDRESS Naples, FL 34102 CITY-ST-ZIP TITLË Thomas, Fred (V. /D) NAME . NAME ... 1800 Immokalee Road STREET ADDRESS STREET ADDRESS Naples, FL 39142 DO NOT WRITE CITY-ST-ZIP CITY - ST - ZIP TITLE Scallan, Lisa (S/D) TITLE IN THIS SPACE NAME NAME 701 Immokalee Dr. STREET ADDRESS STREET ADDRESS Immokalee, FL:39142 CITY-ST-ZIP CITY ST-ZIP TITLE Roach, Frank (D) NAME NAME 4343 Albon Road STREET ADDRESS STREET ADDRESS Monclova, OH 43542 CITY-ST-ZIP Touron, Manny (D) NAME 701 Immokalee Road STREET ADDRESS STREET ADDRESS Immokalee, FL 39142 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 on an attachment with an address, with all other like empowered. James Schott

SIGNATURE: W

President/Treasurer TED NAME OF SIGNING OFFICER OR DIRECTOR

09/28/2002

(239) 455-3190

Daytime Phone ₽

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

Hachmax as 1515 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 31-1714193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent James Schott 09/28/2002 DATE Make Check Payable to \$5.00 May Be Added to Fees Department of State CR2E037B (12/01) DO NOT WRITE IN THIS SPACE

DOCUMENT # 1/99/11/11/16/907

Roach Motivational Education Foundation

DO NOT WRITE IN THIS SPACE

gent and title if applicable

2. Principal Place of Business 3. Mailing Address 341 20th Street SE 341 20th Street SE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Naples City & State Naples Zip Country Zip Florida Country USA

DO NOT WRITE IN THIS SPACE

USA

Street Address (P.O. Box Number is Not Acceptable)

341 20th Street SE

City Naples

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

Florida

James School President

(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.

OFFICERS AND DIRECTORS 10. TITLE Bower, Marshall (D) THILE NAME P.O. Drawer 399 STREET ADDRESS STREET ADDRESS Ft. Myers, FL 33902 CITY-ST-ZIP TITLE Rubin, George (D) NAME NAMÉ 445 Dockside Dr., Unit 801 STREET ADDRESS STREET ADDRESS Naples, FL 34110 CITY - ST - ZIP CITY-ST-ZIP TITLE Arhar, Dana (D) NAME 701 Immokalee Drive STREET ADDRESS STREET ADDRESS

Immokalee, FL 39142 CITY - ST - ZIF CITY- ST- ZIP NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

NAME. STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP

President/Treasurer

12. Thereby 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an James Schot

SIGNATURE:

attachment with an address

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED N

NING OFFICER OR DIRECTOR

(239) 455-3190

Daytime Phone #