

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01599

1. Entity Name

SOUTHWEST FLORIDA CHILDREN'S FUND, INC.

FILED

Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90016 001 ****61.25

Principal Place of Business

Mailing Address

3900 BROADWAY
BLDG. B STE. 1
FT. MYERS FL 33901
US

3900 BROADWAY
BLDG. B STE. 1
FT. MYERS FL 33901-8193
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0007620

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TURNER, JILL
3900 BROADWAY
BLDG. B STE. 1
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 GAILEY, DONNA
STREET ADDRESS 3900 BROADWAY, STE B-1
CITY-ST-ZIP FORT MEYERS FL 33901

TITLE D ☐ Change ☒ Addition
NAME Paul, Elizabeth
STREET ADDRESS 3900 Broadway, Ste B-1
CITY-ST-ZIP Fort Myers, FL 33901

TITLE D ☐ Delete
NAME SANDRA, GLOVER
STREET ADDRESS 3900 BROADWAY, STE B-1
CITY-ST-ZIP FT. MYERS FL 33901

TITLE D ☐ Change ☒ Addition
NAME Ritrosky, John
STREET ADDRESS 3900 Broadway, Ste B-1
CITY-ST-ZIP Fort Myers, FL 33901

TITLE D ☐ Delete
NAME JONES, LINDA
STREET ADDRESS 3900 BROADWAY, STE B-1
CITY-ST-ZIP FT. MYERS FL 33901

TITLE D ☐ Change ☒ Addition
NAME Bartlett, John
STREET ADDRESS 3900 Broadway, Ste B-1
CITY-ST-ZIP Fort Myers, FL 33901

TITLE D ☒ Delete
NAME MON, MANUEL J. MD, PHD
STREET ADDRESS 9350 CAMELOT DRIVE
CITY-ST-ZIP FT. MYERS FL

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

TITLE D ☐ Delete
NAME NEGIN, ANGELINE
STREET ADDRESS 3900 BROADWAY ST. STE B-1
CITY-ST-ZIP FT. MYERS FL 33901

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

TITLE D ☐ Delete
NAME SEALS, DIANN
STREET ADDRESS 3900 BROADWAY STE. B-1
CITY-ST-ZIP FORT MEYERS FL 33901

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

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 #