

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03442

1. Entity Name

FOSTER CARE ADVISORY SERVICES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90034 022 ****61.25

Principal Place of Business

8384 VILLAIRE COURT
FT MYERS FL 33919
US

Mailing Address

8384 VILLAIRE COURT
FT MYERS FL 33919-1008
US

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

59-2479246

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

MARION VALE
~~1408 ALWYNNE DRIVE SOUTH~~
~~LEHIGH ACRES FL 33036~~

Name

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

4502 ECHO Ct.

City

LABELLE

FL

Zip Code

33935

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 Marion Vale

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 2, 2000

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	P	<input type="checkbox"/> Delete
NAME	VALE, MARIAN	
STREET ADDRESS	1408 ALWYNNE DRIVE	4502 ECHO Ct.
CITY-ST-ZIP	LEHIGH ACRES FL 33036	LABELLE, FL 33935
TITLE	S	<input type="checkbox"/> Delete
NAME	SALVESEN, PEGGY	
STREET ADDRESS	8384 VILLAIRE COURT	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	T	<input type="checkbox"/> Delete
NAME	GABLE, NANCY	
STREET ADDRESS	1180 OLD BRIDGE ROAD	
CITY-ST-ZIP	NORTH FORT MYERS FL 33917	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, NANCY	
STREET ADDRESS	1336 WALES DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEWART, MARSHA	
STREET ADDRESS	1418 SAN ROBERTO	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	V	<input type="checkbox"/> Delete
NAME	RITROSKY, JOHN DR.	Ritrosky, John Dr
STREET ADDRESS	9350 CAMELOT DRIVE	9350 Camelot Drive
CITY-ST-ZIP	FT MYERS FL	Fort Myers, Florida 33919

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nina Paight	
STREET ADDRESS	3573 Edgewood Avenue	
CITY-ST-ZIP	Fort Myers, Florida 33916	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles Johnson	
STREET ADDRESS	1912 Winkler Avenue	
CITY-ST-ZIP	Fort Myers, Florida 33901-8632	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Stewart	
STREET ADDRESS	1418 San Roberto	
CITY-ST-ZIP	Fort Myers, Florida 33901	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Virginia Girardin	
STREET ADDRESS	1668 Menlo Rd	
CITY-ST-ZIP	Fort Myers, Florida 33901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 2, 2000

CR2E037 (9/99)