

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744232

1. Entity Name

AREA AGENCY ON AGING FOR SOUTHWEST FLORIDA, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State

02-12-2001 90222 035 ****70.00

Principal Place of Business

2285 FIRST ST
FT MYERS FL 33901
US

Mailing Address

2285 FIRST ST
FT MYERS FL 33901
US

00010410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1854441

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

KOCH, GINGER
241 SE 20TH COURT
CAPE CORAL FL 33990

Name GINGER KOCH

Street Address (P.O. Box Number is Not Acceptable)
241 S E 20TH COURT

City CAPE CORAL

FL Zip Code 33990

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 *Ginger D. Koch, President*

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 P
NAME KOCH, GINGER
STREET ADDRESS 241 SE 20TH COURT
CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Delete

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

TITLE D
NAME GAMEL, BETTY
STREET ADDRESS 330 GOODLETTE ROAD SOUTH
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

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

TITLE D
NAME LIKENS, CHRISTOPHER
STREET ADDRESS 1800 SECOND STREET, SUITE 919
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

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

TITLE D
NAME SCHNAUFER, LAURIE
STREET ADDRESS 895 S INDIANA AVE
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

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

TITLE D
NAME STEPHENS, VERA
STREET ADDRESS 3204 C STREET
CITY-ST-ZIP FORT MYERS FL 33916 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Ginger D. Koch SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

(941) 332-4233

CR2E037 (10/00)