

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

0068132

**DOCUMENT # N01599**

1. Entity Name

**SOUTHWEST FLORIDA CHILDREN'S FUND, INC.**

02-13-2001 90003 028 \*\*\*\*70.00

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  
 US**



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

**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 \$ 70**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, ELIZABETH 3900 BROADWAY, STE B-1 FORT MEYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RITROSKY, JOHN 3900 BROADWAY, STE B-1 FT. MYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTLETT, JOHN 3900 BROADWAY, STE B-1 FT. MYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MON, MANUEL J. MD, PHD 9350 CAMELOT DRIVE FT. MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEGIN, ANGELINE 3900 BROADWAY ST. STE B-1 FT. MYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEALS, DIANN 3900 BROADWAY STE. B-1 FORT MEYERS FL 33901	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SEE ATTACHED LIST  
 OF OFFICERS AND  
 DIRECTORS**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**JILL TURNER**

Date

Daytime Phone #

CR2E037 (10/00)

1001599

## **SOUTHWEST FLORIDA CHILDREN'S FUND, INC.**

3900 Broadway Suite B-1, Fort Myers, Florida, 33901  
Tel: (941) 939-2808 Fax: (941) 939-4794

### **LIST OF BOARD OF DIRECTORS**

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**Bireley, Frank**

5018 Harbortown Lane  
Fort Myers, Florida, 33919  
Home: (941) 433-1833  
Email: bireley@aol.com

**Shafer, Cynthia**

15054 Bonaire Circle  
Fort Myers, Florida, 33908  
Bus: (941) 463-8865 X12  
Email: cynthia@olsusa.com

**Chaipel, Cliff**

12660 World Plaza Lane  
Fort Myers, Florida, 33907  
Bus: (941) 939-5333  
Email: cchaipel@swflcpa.com

**Wade, Lin**

12992 Kedleston Circle  
Fort Myers, Florida, 33912  
Home: (941) 561-8152  
Mobile: (941) 826-3467  
Email: lowade@aol.com

**Gregory, Linda**

1810 NW 17<sup>th</sup> ST  
Cape Coral, Florida, 33993  
Bus: (941) 415-2090  
Email: lgregory@mtgmail.com

**Jones, Linda**

2030 Virginia Ave. Apt F  
Fort Myers, Florida, 33901  
Bus: (941) 337-5371  
Email: lindaj@lee.k12.fl.us

**Paul, Liz (Vice-President)**

15178 Parkside Dr. # 5  
Fort Myers, Florida, 33908  
Bus: (941) 489-0444  
Email: lizzyrtr@aol.com

**Seals, Diann (President)**

1308 Almeria Ave.  
Fort Myers, Florida, 33901  
Bus: (941) 432-3051  
Email: diann.seals@leememorial.org