

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90051 028 ****61.25

DOCUMENT # 714475

1. Entity Name

IMMOKALEE CHILD CARE CENTER, INC.

Principal Place of Business

415 COLORADO AVE
 IMMOKALEE FL 34142-4034
 US

Mailing Address

ADMINISTRATION OFFICE
 852 FIRST AVE S STE 211
 NAPLES FL 34102-6127
 US

2. Principal Place of Business

415 Colorado Avenue

Suite, Apt. #, etc.

3. Mailing Address

852 1st Avenue South

Suite, Apt. #, etc.
 Suite 211

City & State

Immokalee, FL

City & State

Naples, FL

Zip

34142-4034

Country

Zip

34102-6127

Country

4. FEI Number

59-1209842

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

JORDAN, JAMES J
 871 REEF POINT CIRCLE
 NAPLES FL 34108

7. Name and Address of New Registered Agent

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

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | DAVID, ROBERT J | |
| STREET ADDRESS | 2725 SAILORS WAY | |
| CITY-ST-ZIP | NAPLES FL 34109-7633 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | LAGER, VIVIAN | |
| STREET ADDRESS | 6806 SAND POINTE CIRCLE | |
| CITY-ST-ZIP | NAPLES FL 34108-8510 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | JORDAN, JAMES J | |
| STREET ADDRESS | 871 REEF POINT CIRCLE | |
| CITY-ST-ZIP | NAPLES FL 34108-8769 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | QUINBY, PEARL | |
| STREET ADDRESS | 408 EDMERE WAY E. | |
| CITY-ST-ZIP | NAPLES FL 34105-7175 | |
| TITLE | 2VP | <input checked="" type="checkbox"/> Delete |
| NAME | VINING, BEVERLEY | |
| STREET ADDRESS | 4115 CUTLASS LN | |
| CITY-ST-ZIP | NAPLES FL 34102-7940 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOANIDES, JOHN C | |
| STREET ADDRESS | 1605 LUDLOW RD | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145-6621 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HOFFMAN, ROBERT I | |
| STREET ADDRESS | 7666 MILL STREAM DRIVE | |
| CITY-ST-ZIP | NAPLES, FL 34109-1715 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | 2VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MENDES, TONY | |
| STREET ADDRESS | 224 FOREST HILLS BLVD | |
| CITY-ST-ZIP | NAPLES, FL 34113-7522 | |
| 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)