

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714475

1. Entity Name

IMMOKALEE CHILD CARE CENTER, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90237 035 ****61.25

Principal Place of Business

415 COLORADO AVE
IMMOKALEE FL 34142-4034
US

Mailing Address

852 FIRST AVE SOUTH
SUITE 211
NAPLES FL 34102-6127
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 **59-1209842**

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

JORDAN, JAMES J
371 REEF POINT CIRCLE
NAPLES FL 34108

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

1-28-02

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 PD ☒ Delete
NAME JOANIDES, JOHN C
STREET ADDRESS 1605 LUDLOW RD
CITY-ST-ZIP MARCO ISLAND FL 34145-6621

TITLE PD ☐ Change ☒ Addition
NAME GARY CONLEY
STREET ADDRESS 65 EMERALD WOODS DRIVE
CITY-ST-ZIP NAPLES, FLORIDA 34108-0505

TITLE VD ☒ Delete
NAME HOFFMAN, ROBERT I
STREET ADDRESS 7666 MILL STREAM DRIVE
CITY-ST-ZIP NAPLES FL 34109-1715

TITLE VD ☐ Change ☒ Addition
NAME GLEN SCHWESINGER
STREET ADDRESS 2054 IMPERIAL CIRCLE
CITY-ST-ZIP NAPLES, FLORIDA 34110-1089

TITLE TD ☐ Delete
NAME JORDAN, JAMES J
STREET ADDRESS 871 REEF POINT CIRCLE
CITY-ST-ZIP NAPLES FL 34108-8769

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

TITLE SD ☐ Delete
NAME QUINBY, PEARL
STREET ADDRESS 408 EDMERE WAY E.
CITY-ST-ZIP NAPLES FL 34105-7175

TITLE SD ☒ Change ☐ Addition
NAME PEARL QUINBY
STREET ADDRESS 13102 BALD CYPRESS LANE
CITY-ST-ZIP NAPLES, FLORIDA 34119-8528

TITLE 2VP ☐ Delete
NAME MENDES, TONY
STREET ADDRESS 224 FOREST HILLS BLVD
CITY-ST-ZIP NAPLES FL 34113-7522

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James J Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-02

941-261-1774

CR2E037 (9/01)