

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90132 043 ****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

**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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, JAMES J
871 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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CONLEY, GARY**
STREET ADDRESS **65 EMERALD WOODS DRIVE**
CITY-ST-ZIP **NAPLES FL 34108-0505**

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

TITLE **VD** ☒ Delete
NAME **SCHWESINGER, GLEN**
STREET ADDRESS **2054 IMEPRIAL CIRCLE**
CITY-ST-ZIP **NAPLES FL 34110-1089**

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
NAME **PEARL QUINBY**
STREET ADDRESS **13102 BALD CYPRESS LANE**
CITY-ST-ZIP **NAPLES, FL 34119-8528**

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 **13102 BALD CYPRESS LANE**
CITY-ST-ZIP **NAPLES FL 34119-8528**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **JOELLEN SCULLY**
STREET ADDRESS **1568 GULF SHORE BLVD. NORTH**
CITY-ST-ZIP **NAPLES, FLORIDA 34102**

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

TITLE **2ND VICEPRESIDENT** ☒ Change ☐ Addition
NAME **MARY KAY DEDOUSIS**
STREET ADDRESS **309 NEAPOLITAN WAY**
CITY-ST-ZIP **NAPLES, FL 34103-8557**

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

1/23/03
Date

Daytime Phone #

CR2E037 (10/02)