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

U	NIFORM BUSINI	ESS REPORT	(UBR)				
DOCU 1. Entity Nan	MENT # 722764			FILED			
DO NOT WRITE IN THIS SPACE				02 OCT 24 AM IO: 33			
				SECRETA TALLAHA	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal F	Place of Business	3. Mailing Address					
	Trailside Drive	P.O. Box 189					
		Estero, Fl			DO NOT WRITE IN THIS SPACE  FEI Number   Applied For		
City & State <b>USA</b>		City & State 33928-0189	33928-0189		30	Applied For Not Applicable	
Žip	Country	Zip	Country	59-14-186 5. Certificate of Star	tus Desired	75 Additional Required	
	· · · · · · · · · · · · · · · · · · ·	<del>-  </del>		7. Name and Addres	s of Current Registered Ag	ent	
<u></u>			Name Shirley Fischer				
	DO NOT W		Shirley Fischer Street Address (P.Ö. Böx Nürriber is Not Acceptable)				
IN THIS SPACE				7421 Bear Hollow Circle			
			City Ft. M	vers	FL	Zip Code 33912	
	Signature, typed or priviled name of registered agent	and title if applicable. (NOTE:1	~ ~	ired when reinstating) \$5.00 May Be	Make Check Pa	~	
	Initial or Amended UBR	Trust Fund Co	ntribution. $\square$	Added to Fees	Department o	f State	
IO. TILE	OFFICERS AND DI	RECTORS	TIDS				
IAME	Director Shirley Fischer		TITLE NAME				
TREET ADDRESS	ADDRESS 7421 Bear Hollow Cir		STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			
CITY-ST-ZIP	Ft. Myers, Fl	33912	CITY-ST-ZIP		<del>Annoce a</del>		
ITLE IAME	Trustee	TITLE NAME	300008551453 10/23/0201036003 **61,25				
TREET ADDRESS	W.A. Saylor 26286 Squire Lane						
TTY-ST-ZIP	Bonita Springs,		CITY-ST-ZIP				
TILE	Trustee		TITLE				
TREET ADDRESS	Barbara Haag	• • • • • • • • •	NAME STORES IN	•	- · · · · · · · · · · · · · · · · · · ·	·* •	
ITY-ST-ZIP	7326 Lobelia Rd	STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE				
ITLE	Ft. Myers, FL 33912			IN THIS SPACE			
AME			NAME "	11.4	HIS SPACE	-	
TREET ADDRESS			STREET ADDRESS City-St-Zip	**			
TLE		·	TITLE				
AME			NAME				
Treet address ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TLE .			TITLE .			*	
AME			NAME				
TREET ADDRESS			STREET ADDRESS				
ITY-ST-ZIP			CITY-ST-ZIP				

2. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:\_\_

Fischer

Director

gr 10/15/02