

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750012

1. Entity Name

LEE ALLIANCE FOR RESPONSIBLE ADOLESCENT PARENTIN

Principal Place of Business

Mailing Address

10730 RIO MAR CIRCLE  
ESTERO FL 33928  
US

10730 RIO MAR CIRCLE  
ESTERO FL 33928-2467  
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

59-2274697

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

DE ROSE, ANN M.  
19570 WATERS WAY  
FT. MYERS FL 33912

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

ANN M. DE ROSE

*Ann M. De Rose*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME CHURCH, DONNA  
STREET ADDRESS 7 PEPITA ST  
CITY-ST-ZIP FT. MYERS FL 33931 ☐ Delete

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

TITLE V  
NAME LAMERS, MARY  
STREET ADDRESS 1640 LAKE AV  
CITY-ST-ZIP FT. MYERS FL 33901 ☐ Delete

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

TITLE D  
NAME GLUCK, NORMA  
STREET ADDRESS 5760 BASS CIRCLE  
CITY-ST-ZIP FT. MYERS FL ☐ Delete

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

TITLE STD  
NAME ROUBY, JEROLD  
STREET ADDRESS 1330 ALCAZAR AVE  
CITY-ST-ZIP FT. MYERS FL ☐ Delete

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

TITLE D  
NAME DEROSE, ANN M  
STREET ADDRESS 10730 RIO MAR CR  
CITY-ST-ZIP ESTERO FL 33928 ☐ Delete

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

TITLE D  
NAME ROUBY, PORTIA  
STREET ADDRESS 133 ALCAZAR AVE  
CITY-ST-ZIP FT. MYERS FL 33901 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
ROBINSON, SANDRA  
606 SE 18th TERR  
CAPE CORAL FL 33990

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: ANN M. DE ROSE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000 941-948-2171  
Date Daytime Phone #

CR2E037 (9/99)