

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 767525**

1. Entity Name

NORTH FORT MYERS SENIOR CENTER INC.

Principal Place of Business

Mailing Address

170 ORANGE GROVE BLVD.
NORTH FORT MYERS FL 339035170 ORANGE GROVE BLVD.
NORTH FORT MYERS FL 33903

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

59-2382625

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

**CUSTER, GEORGE
1005 SE 40TH ST
CAPE CORAL FL 33904**

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PELTON, JAMES
629 W ARCHER PKWY
CAPE CORAL FL 33904** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Margaret Chernick, VP
1431 SE 34th Street
Cape Coral, FL 33904** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
LIBBY, SILVIA
1746 HANSON STREET
FORT MYERS FL 33901** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CUSTER, GEORGE
1005 SE 45TH ST
CAPE CORAL FL 33904** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PHILLIPS, MARY
44 ESTATE DR
N. FORT MYERS FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
CUSTER, MILDRED
1005 S.E. 40TH STREET
CAPE CORAL FL 33904** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GREENE, VERNON
506 SW 7TH TERRACE
CAPE CORAL FL 33991** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:**George Custer, P**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/05/02**
Date**941-656-7760**
Daytime Phone #

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)