

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 22, 2002 8:00 am**
Secretary of State

05-22-2002 90154 009 ****61.25

DOCUMENT # 768894

1. Entity Name

T.E.C.H. FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7051
NAPLES FL 34101-7051
USP.O. BOX 7051
NAPLES FL 34101-7051
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

59-2516162

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

DEMAM, VIRGINIA (GINN)
9240 BONITA BEACH ROAD #3317
BONITA SPRINGS FL 34135

Name

JEAN GASUODA

Street Address (P.O. Box Number is Not Acceptable)

1919 E. CROWN POINTE BLVD

City

NAPLES**FL**

Zip Code

34112

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

JEAN GASUODA, PRESIDENT**4/29/02**

Signature, type 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	PD	<input checked="" type="checkbox"/> Delete
NAME	DEMAM, VIRGINIA (GINN)	
STREET ADDRESS	9240 BONITA BEACH ROAD #3317	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLEIN, RICHARD K	
STREET ADDRESS	190 CENTER ST	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCKEE, WENDY	
STREET ADDRESS	1999 4TH STREET SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASUODA, JEAN	
STREET ADDRESS	1919 E. CROWN POINTE BLVD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNYDER, RICHARD	
STREET ADDRESS	3131 RIVIERA DRIVE	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCEWEN, CHAS.	
STREET ADDRESS	191 SOCIETY COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKS, HARVEY	
STREET ADDRESS	5385 GUADELOUPE WAY	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LELONEK, JOY	
STREET ADDRESS	501 GOODLETTE RD #A210	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBIN, GEORGE	
STREET ADDRESS	445 DOCKSIDE DR #801	
CITY-ST-ZIP	NAPLES FL 34110	

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:

RICHARD K. KLEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/02

Daytime Phone #

239-775-9108

CR2E037 (9/01)