

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

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

01-27-2003 90187 006 \*\*\*\*61.25

**DOCUMENT # 768894**

1. Entity Name  
**T.E.C.H. FOUNDATION, INC.**



Principal Place of Business

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

Mailing Address

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

**90010190**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**GASVODA, JEAN**  
**1919 E CROWN POINTE BLVD**  
**NAPLES FL 34112**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete  
NAME **GASVODA, JEAN**  
STREET ADDRESS **1919 E CROWN POINTE BLVD**  
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **TD** ☐ Delete  
NAME **KLEIN, RICHARD K**  
STREET ADDRESS **190 CENTER ST**  
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **SD** ☐ Delete  
NAME **MCKEE, WENDY**  
STREET ADDRESS **1999 4TH STREET SOUTH**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☐ Delete  
NAME **SNYDER, RICHARD**  
STREET ADDRESS **3131 RIVIERA DR**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete  
NAME **MCEWEN, CHRIS**  
STREET ADDRESS **191 SOCIETY CT**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **VD** ☐ Delete  
NAME **MARKS, HARVEY**  
STREET ADDRESS **5385 GUADELUPE WAY**  
CITY-ST-ZIP **NAPLES FL 34119**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

**RE REQUIRED**

1/17/2003 (839) 775 9108

CR2E037 (10/02)