

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90073 008 \*\*\*\*61.25

**DOCUMENT # 769097**

1. Entity Name

**THE SHEPHERD PROGRAM OF BONITA SPRINGS & ESTER S**

Principal Place of Business

Mailing Address

25815 HICKORY BLVD.  
 NO. 1  
 BONITA SPRINGS FL 34134  
 US

25815 HICKORY BLVD  
 NO 1  
 BONITA SPRINGS FL 34134-3698  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2348043**

Applied

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST, JOHN**  
**27801 MEADOWLARK LANE**  
**BONITA SPRINGS FL 33923-4196**

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 \$61.25**

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	VP	<input type="checkbox"/> Delete
NAME	WEST, JOHN	
STREET ADDRESS	27801 MEADOWLANE LANE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TRUMP, DOROTHEA	
STREET ADDRESS	316 VIKING WAY	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RENGSTORFF, LES G	
STREET ADDRESS	25815 HICKORY BLVD., #1	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TUYLS, ROBERT J	
STREET ADDRESS	27852 LIME ST	
CITY-ST-ZIP	BONITA SPRINGS FL 34133	
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"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 11, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #