

2001 UNIFORM BUSINESS REPORT (SBI)

6/8/01-90160-041-\$61.25-\$61.25

DOCUMENT # **N0000000 2333**

1. Entity Name

Villere Foster Shelter & Group Home, Inc.

Principal Place of Business

Mailing Address

**4306 E. 22nd Ave
Tampa Fla. 33605**

2. Principal Place of Business

**4306 E. 22nd Ave.
Suite, Apt. # etc.
Tampa Fla.**

3. Mailing Address

**4306 E. 22nd Ave. Tampa Fla.
Suite, Apt. #, etc.**

City & State

City & State

Tampa Fla.

4. FEI Number

59-3663091

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Nettie Villere
4306 E. 22nd Ave.
Tampa Fla. 33605**

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.

SIGNATURE

Nettie Villere - President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5-29-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nettie Villere - D ☐ Delete 4306 E. 22nd Ave. Tampa Fla. 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neobien Villere - D ☐ Delete 4306 E. 22nd Ave Tampa Fla. 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathleen Rutledge - D ☐ Delete 2417 S. 66th St. Tampa Fla.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patricia Duvall - D ☐ Delete 3411 N. Carl St. Tampa Fla. 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Dixon - D. ☐ Delete 504 E. James St. Tampa Fla. 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Nettie Villere - Nettie Villere 8136262536

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)