

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90069 031 ****61.25

DOCUMENT # N00000002938

1. Entity Name

THE HEIGHTS FOUNDATION, INC.

646188



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 15775 PINE RIDGE ROAD FORT MYERS FL 33908 | Mailing Address 15775 PINE RIDGE ROAD FORT MYERS FL 33908 |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 65-1003872 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLY, KATHRYN
15775 PINE RIDGE ROAD
FORT MYERS FL 33908**

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 _____ (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 | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Linda Lucas 13141 Ponderosa Way Fort Myers FL 33907 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Kathryn Kelly 10520 Shamrock Lane Fort Myers, FL 33908 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Gayle Bosscher 5769 Beechwood Trail Fort Myers, FL 33919 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Past Treasurer Ron Graham 19842 Devonwood Circle Fort Myers, FL 33912 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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: **W. J. [Signature]** **4/20/01** **(941) 482-7706**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)