

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90379 006 ****61.25

DOCUMENT # N00000006191

1. Entity Name

THE FOUNDATION FOR DISADVANTAGED COMMUNITIES, IN

Principal Place of Business

Mailing Address

8695 COLLEGE PARKWAY, SUITE 104-A
 FT. MYERS FL 33919

8695 COLLEGE PARKWAY, SUITE 104-A
 FT. MYERS FL 33919

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

65-1036425

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

FENELUS, REMINET
8695 COLLEGE PARKWAY, SUITE 104-A
FT. MYERS FL 33919

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 **DP** ☐ Delete
 NAME **FENELUS, REMINET**
 STREET ADDRESS **8695 COLLEGE PARKWAY, SUITE 104-A**
 CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE **DT** ☐ Change ☒ Addition
 NAME **Wyatt, Sue G.**
 STREET ADDRESS **P.O. Box 1210**
 CITY-ST-ZIP **Ft. Myers, FL 33902**

TITLE **DT** ☒ Delete
 NAME **ORD, ROBERT L**
 STREET ADDRESS **3105 AMANDA ST.**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **DS** ☐ Change ☒ Addition
 NAME **Frederic Lalanne**
 STREET ADDRESS **4644 Santa Barbara Blv**
 CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE **DS** ☒ Delete
 NAME **CODY, LADONNA JEAN**
 STREET ADDRESS **12661 NEW BRITTANY BLVD.**
 CITY-ST-ZIP **FT. MYERS FL 33907**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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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: [Signature]

3-22-01 (941) 466-1720

CR2E037 (10/00)