

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

03-12-2001 90426 047 ****61.25

DOCUMENT # N00000006718

1. Entity Name

THE SOUTH FLORIDA RECOVERY FOUNDATION, INC.

Principal Place of Business

**1857 SUNSET PLACE
 FT. MYERS FL 33901**

Mailing Address

**1857 SUNSET PLACE
 FT. MYERS FL 33901**



10281



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31764231

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**METZ, RICHARD C
 1857 SUNSET PLACE
 FT. MYERS FL 33901**

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
 After September 12, 2001, min. will be \$236.25**

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 ☐ Delete
 NAME **PRESIDENT /**
 STREET ADDRESS **Richard C Metz D.**
 CITY-ST-ZIP **1857 SUNSET PL.
 FT. MYERS FL 33901**

TITLE ☐ Delete
 NAME **VICE PRESIDENT /**
 STREET ADDRESS **MARK GRIENER D.**
 CITY-ST-ZIP **419 S.E. 31st Terrace
 CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME **TREASURER**
 STREET ADDRESS **SUSAN RANDALL D.**
 CITY-ST-ZIP **905 SE 22nd Terr.
 CAPE CORAL FL 33990**

TITLE ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **Michael Capps**
 CITY-ST-ZIP **2717 N.E. 9th Ave #3
 WILTON MANORS FL 33334**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
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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 REQUIRED

CR2E037 (5/01)

Phase Call If needed 941.850.6153 anytime.