

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90035 001 ****61.25

DOCUMENT # N00000008520

1. Entity Name

Florida Children's Trust, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3487 Broadway

3. Mailing Address

3487 Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, Florida

City & State
Fort Myers, Florida

4. FEI Number
65-1064139

Applied For
☐ Not Applicable

Zip
33901

Country
USA

Zip
33901

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Mike Ellis

Street Address (P.O. Box Number is Not Acceptable)

3487 Broadway

City
Fort Myers

FL **Zip Code**
33901

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]

Mike Ellis
President/Director

2-07-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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
P/S/T/D
NAME
Mike Ellis
STREET ADDRESS
3487 Broadway
CITY-ST-ZIP
Fort Myers, Florida 33901

TITLE
D
NAME
Lois Barrett
STREET ADDRESS
3487 Broadway
CITY-ST-ZIP
Fort Myers, Florida 33901

TITLE
D
NAME
Lalai Hamric
STREET ADDRESS
3487 Broadway
CITY-ST-ZIP
Fort Myers, Florida 33901

TITLE
D
NAME
Robert Arnall, MD
STREET ADDRESS
3487 Broadway
CITY-ST-ZIP
Fort Myers, Florida 33901

TITLE
D
NAME
Steve Brown, MD
STREET ADDRESS
3487 Broadway
CITY-ST-ZIP
Fort Myers, Florida 33901

TITLE
D
NAME
Keith Hussey, MD
STREET ADDRESS
3487 Broadway
CITY-ST-ZIP
Fort Myers, Florida 33901

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

Mike Ellis, President 2-07-02 941-936-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)