

2002 UNIFORM BUSINESS REPORT (UBR)

5/27

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-27-2002 90398 040 ****61.25

DOCUMENT # NO1000007007

1. Entity Name

EDUCATION CENTER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

471 NORTH LEE STREET
 LABELLE FL 33975

Mailing Address

POST OFFICE BOX 183
 LABELLE FL 33975

2. Principal Place of Business

13-B N. Missouri Street

3. Mailing Address

P.O. Box 183

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Labelle FL

City & State

Labelle FL

Zip

33935

Country

USA

Zip

33975-0183

Country

USA

4. FEI Number

65-1151989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CUYLER, KENNETH B ESQ.
 4001 TAMAMI TRAIL NORTH
 SUITE 300
 NAPLES FL 34103

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

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

TITLE ☐ Delete
 NAME D Chairman/President
 STREET ADDRESS Norman Hughes-D
 CITY-ST-ZIP 998 10th ST. NW
 Moorehaven FL 33411 33471

TITLE ☐ Delete
 NAME D Vice Chairman/Vice President
 STREET ADDRESS Yolanda Flores -D
 CITY-ST-ZIP 1255 N. 15th Street #2
 Immokalee FL 34142

TITLE ☐ Delete
 NAME D Secretary
 STREET ADDRESS Janice Groves -D
 CITY-ST-ZIP 250 N. Lee Street
 Labelle FL 33935

TITLE ☐ Delete
 NAME D Treasurer
 STREET ADDRESS Janet Papinaw -D
 CITY-ST-ZIP 295 Trader Rd
 Labelle FL 33935

TITLE ☐ Delete
 NAME D President-Elect
 STREET ADDRESS Phillip Keyes -D
 CITY-ST-ZIP 485 E. Cowboy Way
 Labelle FL 33935

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
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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:

Janet E. Papinaw
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/02

Daytime Phone #

863 983 5938

CR2037 (9/01)