

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 28 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000003874

1. Entity Name  
THE 15,000 COALITION, INC.



Principal Place of Business  
1061 COLLIER CENTER WAY  
SUITE 5  
NAPLES, FL 34110

Mailing Address  
POST OFFICE BOX 111210  
NAPLES, FL 34108

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

01-0710244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LESTER, DON  
1061 COLLIER CENTER WAY  
SUITE 5  
NAPLES, FL 34110

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME MORALES, GERARDO C  
STREET ADDRESS 3380 24TH AVENUE SE  
CITY-ST-ZIP NAPLES, FL 34117

TITLE TD ☐ Delete  
NAME LIENEMANN, WILLIAM H  
STREET ADDRESS 6131 PELICAN BAY BLVD. #11  
CITY-ST-ZIP NAPLES, FL 34108

TITLE VD ☐ Delete  
NAME TORRES, NELSON  
STREET ADDRESS 3550 EVERGLADES BLVD.  
CITY-ST-ZIP NAPLES, FL 34117

TITLE SD ☐ Delete  
NAME ANTONOWICZ, EDMUND W  
STREET ADDRESS 631 SW 67 TERRACE  
CITY-ST-ZIP PEMBROKE PINES, FL 330231546

TITLE D ☐ Delete  
NAME LESTER, DON  
STREET ADDRESS 1061 COLLIER CENTER WAY #5  
CITY-ST-ZIP NAPLES, FL 34110

TITLE D ☐ Delete  
NAME PEREZ, LAWRENCE CPA  
STREET ADDRESS 27667 OLD 41 ROAD  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME 200016970262  
STREET ADDRESS 04/24/03--01077--017 \*\*61.25  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)