

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90202 019 ****61.25

DOCUMENT # N02000006279



1. Entity Name
THE EDISON-FORD WINTER ESTATES MANAGEMENT CORPORATION

Principal Place of Business

**1800 BOY SCOUT DR
FT MYERS FL 33907**

Mailing Address

**1800 BOY SCOUT DR
FT MYERS FL 33907**

2. Principal Place of Business

3. Mailing Address

P.O. Drawer 88

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Myers, Florida

Zip

Country

Zip

Country

33902

U.S.A.

4. FEI Number

04-3724626

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

**ALOIA, JR., FRANK J ESQ.
2320 FIRST ST STE 1000
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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GALLOWAY, SAM JR**
STREET ADDRESS **1800 BOY SCOUT DR**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D** ☐ Change ☒ Addition
NAME **Myers, Fran**
STREET ADDRESS **c/o 1800 Boy Scout Dr**
CITY-ST-ZIP **Ft. Myers, FL 33901**

TITLE **D** ☐ Delete
NAME **ALOIA, FRANK J JR.**
STREET ADDRESS **2320 FIRST ST**
CITY-ST-ZIP **FT MYERS FL 33901**

TITLE **D** ☐ Change ☒ Addition
NAME **Morgan, Melvin**
STREET ADDRESS **c/o 1800 Boy Scout Dr**
CITY-ST-ZIP **Ft. Myers, FL 33901**

TITLE **D** ☐ Delete
NAME **ORTHMAN, THOMAS**
STREET ADDRESS **C/O 1800 BOY SCOUT DR**
CITY-ST-ZIP **FT MYERS FL 33907**

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

TITLE **D** ☐ Delete
NAME **CATTI, JOSEPH**
STREET ADDRESS **C/O 1800 BOY SCOUT DR**
CITY-ST-ZIP **FT MYERS FL 33907**

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

TITLE **D** ☐ Delete
NAME **SHIMP, STEVEN**
STREET ADDRESS **C/O 1800 BOY SCOUT DR**
CITY-ST-ZIP **FT MYERS FL 33907**

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

TITLE **D** ☐ Delete
NAME **COHEN, CAROL**
STREET ADDRESS **C/O 1800 BOY SCOUT DR**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE **D** ☐ 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:

BE REQUIRED

2/5/03

(239) 338-4216

CR2E037 (10/02)