

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02214

1. Entity Name

WORKFORCE COUNCIL OF SOUTHWEST FLORIDA, INC.

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90117 041 ****70.00

Principal Place of Business

Mailing Address

3830 EVANS AVE., STE. 3A
FT. MYERS FL 33901

3830 EVANS AVE., STE. 3A
FT. MYERS FL 33901-9005

2. Principal Place of Business

4150 Ford Street Ext.

3. Mailing Address

4150 Ford Street Ext.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

4. FEI Number

59-2762755

Applied For

Not Applicable

Zip
33916

Country
USA

Zip
33916

Country
USA

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

NEUMAN, AL
3830 EVANS AVE SUITE 3A
FT MYERS FL 33901

Name

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

4150 Ford Street

City

Fort Myers

FL

Zip Code
33916

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

Al Neuman, Executive Director

01/19/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
NEWMAN, ROBERT A
1021 N TAMiami TRAIL
N FORT MYERS FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CUNNINGHAM, HARRY
633 NINTH STREET N.
NAPLES FL 33940 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MITCHELL, SONDR
13170 S CLEVELAND AVE
FT. MYERS FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
ASHLEY, DON
366 E OLYMPIA AVE
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC/D
Tom Snediker
101 Colonade Circle
Naples, FL 34103 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Al Neuman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-939-4949

Date

Daytime Phone #

CR2E037 (9/99)