

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

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

02-13-2003 90255 037 ****70.00

DOCUMENT # N02214

1. Entity Name
WORKFORCE COUNCIL OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**4150 FORD ST EXT
FORT MYERS FL 33916**

Mailing Address

**4150 FORD ST EXT
FORT MYERS FL 33916**

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 **59-2762755**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NEUMAN, AL
4150 FORD ST EXT
FORT MYERS FL 33916**

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

Al Neuman

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/04/03

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 | CD | <input type="checkbox"/> Delete |
| NAME | MITCHELL, SONDR | |
| STREET ADDRESS | 20951 WILDCAT RUN DRIVE | |
| CITY-ST-ZIP | ESTERO FL 33928 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | KRAHN, GEORGE O | |
| STREET ADDRESS | 24311 WALDEN COURT DR #200 | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | VCD | <input type="checkbox"/> Delete |
| NAME | SNEDIKER, TOM | |
| STREET ADDRESS | 101 COLONADE CIR | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VC/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | T/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Phillip H. Keyes | |
| STREET ADDRESS | 320 Fraser Avenue | |
| CITY-ST-ZIP | LaBelle, FL 33975 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 of Phillip H. Keyes

2/4/03

239-643-2376

Date

Daytime Phone #

CR2E037 (10/02)