

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91499 036 ****61.25

DOCUMENT # N12612

1. Entity Name

THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, INC.

Principal Place of Business

Mailing Address

**2266 SECOND STREET
 FT. MYERS FL 33901
 US**

**P.O. BOX 1608
 FT. MYERS FL 33902**

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

59-2637849

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

**GROSSMAN, DARLENE A
 2266 SECOND STREET
 FORT 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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete
 NAME **SCHMOYER, JERRY H**
 STREET ADDRESS **24301 WALDEN CENTER DRIVE**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **PCD** ☒ Change ☐ Addition
 NAME **24870 Burnt Pine Drive**
 STREET ADDRESS **Suite 4**
 CITY-ST-ZIP **24870**

TITLE **TD** ☐ Delete
 NAME **PONTIUS, STEVEN**
 STREET ADDRESS **P O BOX 7578 NA**
 CITY-ST-ZIP **FORT MYERS FL 33911**

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

TITLE **SD** ☐ Delete
 NAME **CATTI, JOSEPH R**
 STREET ADDRESS **8080 COLLEGE PARKWAY SW**
 CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE **BP** ☐ Delete
 NAME **GROSSMAN, DARLENE ANN**
 STREET ADDRESS **2266 SECOND STREET**
 CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE **PCD** ☒ Delete
 NAME **ACKEET, RICHARD**
 STREET ADDRESS **1530 WRITMAN ST**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Eva Freeman**
 STREET ADDRESS **13691 Pondview Circle**
 CITY-ST-ZIP **Naples, FL 34119**

TITLE **UCD** ☐ Delete
 NAME **TRIPPE, GARY U**
 STREET ADDRESS **PO BOX 60139**
 CITY-ST-ZIP **FT MYERS FL 33906**

TITLE **CD** ☒ 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) **Darlene Ann Grossman**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.15.02 / 239.337.0493

CR2E037 (9/01)