

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90095 037 ****61.25

DOCUMENT # N12612

1. Entity Name
THE FOUNDATION FOR LEE COUNTY PUBLIC SCHOOLS, IN C.



Principal Place of Business
**2266 SECOND STREET
FT. MYERS FL 33901
US**

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GROSSMAN, DARLENE A
2266 SECOND STREET
FORT MYERS FL 33901**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	PCD SCHMOYER, JERRY H	<input type="checkbox"/> Delete
STREET ADDRESS	24870 BURNT PINE DRIVE	
CITY-ST-ZIP	OCEANA WY 24870	
TITLE NAME	TD PONTIUS, STEVEN	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 7578 NA	
CITY-ST-ZIP	FORT MYERS FL 33911	
TITLE NAME	VCD CATTI, JOSEPH R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8060 COLLEGE PARKWAY SW	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE NAME	BP GROSSMAN, DARLENE ANN	<input type="checkbox"/> Delete
STREET ADDRESS	2266 SECOND STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE NAME	SD FREEMAN, EVA	<input type="checkbox"/> Delete
STREET ADDRESS	13691 BONDVIEW-CIRCLE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE NAME	CD TRIPPE, GARY U	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 60139	
CITY-ST-ZIP	FT MYERS FL 33906	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Bonita Springs, FL 34134	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Vice-Chairman Steven Personette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	P.O. Box 370 - MC 1650	
CITY-ST-ZIP	Fort Myers, FL 33902-0370	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	13691 Pondview Circle	
CITY-ST-ZIP		
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Trippe, Gary V.	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)