

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # N21143

1. Entity Name

AGE LINK OF LEE COUNTY, INC.

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90166 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7275 CONCOURSE DRIVE  
FT. MYERS FL 33908  
US

7275 CONCOURSE DRIVE  
FT. MYERS FL 33908-2644  
US

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

59-2839621

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

SCHLAGER, REINA  
8695 COLLEGE PARKWAY  
SUITE 205  
FT MYERS FL 33919

Name

Alice Peters

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

12780 Kenwood Lane

City

Ft. Myers

FL

Zip Code

33907

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

*Alice Peters*

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

(NOTE: Registered Agent signature required when renewing)

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 **VP President** ☐ Delete  
NAME **ENSLIN, WILLIAM**  
STREET ADDRESS **9470 HEALTH PARK CIR**  
CITY-ST-ZIP **FT MYERS FL 33908**

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Alice Peters**  
STREET ADDRESS **12780 Kenwood Lane**  
CITY-ST-ZIP **Ft. Myers, FL 33907**

TITLE **P** ☒ Delete  
NAME **JACKSON, C RAYMOND**  
STREET ADDRESS **PO BOX 42**  
CITY-ST-ZIP **ESTERO FL 33928**

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

TITLE **Secretary** ☐ Delete  
NAME **SCHLAGER, REINA**  
STREET ADDRESS **8695 COLLEGE PARKWAY**  
CITY-ST-ZIP **FT MYERS FL 33919**

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

TITLE **SD Vice President** ☐ Delete  
NAME **HUMMEL, DOTTIE**  
STREET ADDRESS **6219 TIMBERWOOD CIRCLE., #131**  
CITY-ST-ZIP **FORT MYERS FL 33908**

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

TITLE **Treasurer** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*Alice Peters* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)