

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90200 025 \*\*\*\*70.00

**DOCUMENT # N40935**

1. Entity Name  
**GENESIS III OF LEE COUNTY, INC.**



Principal Place of Business  
**5264-4 CLAYTON COURT  
FORT MYERS FL 33907**

Mailing Address  
**5264-4 CLAYTON COURT  
FORT MYERS FL 33907**

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 **65-0212345**

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

**OSTENSEN, TORALY  
11411 BENT PINE DRIVE  
FORT MYERS FL 33913**

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

*Toral S. Ostense*

*4/16/03*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **OSTENSEN, TORALY**  
STREET ADDRESS **11411 BENT PINE DR.**  
CITY-ST-ZIP **FORT MYERS FL 33913**

TITLE **D** ☐ Change ☒ Addition  
NAME **Wende Gilmore**  
STREET ADDRESS **1451 maranilla Ave.**  
CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE **SD** ☒ Delete  
NAME **HOGGATT, DANIEL**  
STREET ADDRESS **1113 S.W. 44TH ST.**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Audrea Gray**  
STREET ADDRESS **3220 MLK Blvd.**  
CITY-ST-ZIP **Fort Myers, FL 33916**

TITLE **D** ☒ Delete  
NAME **ELVER, RALPH**  
STREET ADDRESS **P O BOX 2280**  
CITY-ST-ZIP **LABELLE FL 33975**

TITLE **D** ☐ Change ☒ Addition  
NAME **Matthew Keller**  
STREET ADDRESS **3750 S.E. 1st PL.**  
CITY-ST-ZIP **Cape Coral FL 33904**

TITLE **D** ☒ Delete  
NAME **COX, REV. GARY**  
STREET ADDRESS **2061 MCGREGOR BLVD**  
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Dick Tatro**  
STREET ADDRESS **2450 Woodland Blvd.**  
CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **D** ☐ Delete  
NAME **MCCANDLESS, JIM**  
STREET ADDRESS **3064 MCGREGOR BLVD.**  
CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE **M** ☐ Delete  
NAME **REYNOLDS, LINDA**  
STREET ADDRESS **5657 EICHEN CR.**  
CITY-ST-ZIP **FT. MYERS FL**

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:

*Linda S. Reynolds* **Linda S. Reynolds** *4/17/03* **239-939-5504**

CR2E037 (10/02)