

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41745

1. Entity Name

THE MATH, SCIENCE, AND TECHNOLOGY FOUNDATION OF

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90178 005 *****70.00

Principal Place of Business

Mailing Address

2915 NE PINE ISLAND ROAD
CAPE CORAL FL 33909
US

P. O. BOX 151381
CAPE CORAL FL 33915-1381
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

65-0243336

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, WILLIAM M
3515 DEL PRADO BLVD SOUTH
CAPE CORAL FL 33904

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 DT ☒ Delete
NAME CARUSO, TODD A
STREET ADDRESS 8191 COLLEGE PARKWAY, STE. 302
CITY-ST-ZIP FT. MYERS FL

TITLE DT ☐ Change ☒ Addition
NAME Cicone, JoAnn
STREET ADDRESS 3405 Hancock Bridge Pkwy
CITY-ST-ZIP N. Fort Myers, FL 33903

TITLE DS ☐ Delete
NAME MESCH, MARTIN R
STREET ADDRESS 617 SE 33RD TER
CITY-ST-ZIP CAPE CORAL FL

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

TITLE DVC ☐ Delete
NAME JENKINS, JUDITH A
STREET ADDRESS 1407 SE 22ND ST
CITY-ST-ZIP CAPE CORAL FL

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

TITLE DC ☐ Delete
NAME WALTEMYER, ROGER L.
STREET ADDRESS 743 CORAL DRIVE
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE D ☐ Delete
NAME MAZURKIEWICZ, JOSEPH M JR
STREET ADDRESS 3206 SW 7TH PLACE
CITY-ST-ZIP CAPE CORAL FL 33914

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

TITLE D ☐ Delete
NAME JORGENSEN, EULA R.
STREET ADDRESS 516 CORONAO PRKEY
CITY-ST-ZIP CAPE CORAL 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:

Roger L. Waltemyer Roger L. Waltemyer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/2000

941-997-2800

Daytime Phone #

CR2E037 (9/99)