

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90092 041 ****61.25

DOCUMENT # N41745

1. Entity Name

**THE MATH, SCIENCE, AND TECHNOLOGY FOUNDATION OF
FLORIDA, INC.**



Principal Place of Business

**2915 NE PINE ISLAND ROAD
CAPE CORAL FL 33909
US**

Mailing Address

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

22004060



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0243336**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 28, 2003

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 ☒ Delete
NAME **CICONE, JOANN**
STREET ADDRESS **3405 HANCOCK BRIDGE PKWY**
CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE ☐ Change ☒ Addition
NAME **Chris Schroder**
STREET ADDRESS **P.O. Box 101486**
CITY-ST-ZIP **Cape Coral, FL 33910-1486**

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

TITLE ☐ Change ☒ Addition
NAME **DVC Carol Kram**
STREET ADDRESS **4707 SE 9th Place**
CITY-ST-ZIP **Cape Coral FL 33904**

TITLE ☐ Delete
NAME **DC CRUENTHAL, KAREN**
STREET ADDRESS **1108 SE 33 ST**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Change ☐ Addition
NAME **DC Karen Gruenthal**
STREET ADDRESS **13451 McGregor Blvd Suite 26**
CITY-ST-ZIP **Ft. Myers, FL 33916**

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

TITLE ☒ Change ☐ Addition
NAME **D Roger Waltemyer**
STREET ADDRESS **P.O. Box 540**
CITY-ST-ZIP **Ft. Myers FL 33902-0540**

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

TITLE ☐ Change ☒ Addition
NAME **DT Tom Bellini**
STREET ADDRESS **4707 SE 9th Place Suite 102**
CITY-ST-ZIP **Cape Coral FL 33904**

TITLE ☒ Delete
NAME **D JORGENSON, EULA R.**
STREET ADDRESS **516 CORONA 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:

SIGNATURE REQUIRED

1/17/03 **239-9970012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)