

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90168 043 ****61.25

DOCUMENT # N43892

1. Entity Name

SOUTHWEST FLORIDA RESEARCH AND EDUCATION FOUNDATION, INC.



Principal Place of Business

2686 SR 29 N
IMMOKALEE FL 34142-9515
US

Mailing Address

2686 SR 29 N
IMMOKALEE FL 34142-9515
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 **65-0325899**

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

**OSTERHOUT, JULIE
403-D JOAN AVENUE
LEHIGH ACRES FL 33971**

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

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 **D** ☐ Delete
NAME **ENGLISH, HUGH**
STREET ADDRESS **PO BOX 129**
CITY-ST-ZIP **LABELLE FL 33975**

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

TITLE **SD** ☒ Delete
NAME **SHERROD, JOBY**
STREET ADDRESS **PO BOX 788**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE **SD** ☒ Change ☐ Addition
NAME **Paul Meador**
STREET ADDRESS **P. O. Box 130**
CITY-ST-ZIP **Immokalee, FL 34143**

TITLE **TD** ☒ Delete
NAME **HOFFMAN, JOHN**
STREET ADDRESS **1320 N 15TH STREET**
CITY-ST-ZIP **IMMOKALEE FL 34142**

TITLE **TD** ☒ Change ☐ Addition
NAME **Will Elliott**
STREET ADDRESS **1320 N. 15th St.**
CITY-ST-ZIP **Immokalee, FL 34142**

TITLE **D** ☒ Delete
NAME **GADDIS, CLIFF**
STREET ADDRESS **30 HORN RD**
CITY-ST-ZIP **VENUS FL 33960**

TITLE **D** ☐ Change ☒ Addition
NAME **Patrick Willis**
STREET ADDRESS **P. O. Box 788**
CITY-ST-ZIP **LaBelle, FL 33935**

TITLE **PD** ☐ Delete
NAME **TODD, NORM**
STREET ADDRESS **PO BOX 88**
CITY-ST-ZIP **LABELLE FL 33975**

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

TITLE **D** ☐ Delete
NAME **STEWART, MIKE**
STREET ADDRESS **63 BARN RD**
CITY-ST-ZIP **VENUS FL 33960**

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:

Norman Todd
Norman Todd

1/22/03

239-658-3400

CR2E037 (10/02)