

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47606

1. Entity Name

HEALTHY START COALITION OF SOUTHWEST FLORIDA, IN

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90247 045 ****70.00

Principal Place of Business

1922 VICTORIA AVE
SUITE B
FT MYERS FL 33901-3431
US

Mailing Address

1922 VICTORIA AVE
SUITE B
FT MYERS FL 33901-3431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0378720

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

CORTEZ, CATHERINE
1922 VICTORIA AVE.
STE. B
FT MYERS FL 33901-3431

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

Catherine Cortez

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

(NOTE: Registered Agent signature required when reinstating)

1-14-00

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. LIST OF OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME ANDERT-SCHMIDT, DARLENE
STREET ADDRESS 2562 SW 27 PLACE
CITY-ST-ZIP CAPE CORAL FL 33914 ☒ Delete

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

TITLE VD
NAME JOHNSON, BARBARA
STREET ADDRESS 7568 MORGAN RD SE
CITY-ST-ZIP FORT MYERS FL 33912 ☒ Delete

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

TITLE TD
NAME BRIDGE, KATHY
STREET ADDRESS 9800 HEALTH PARK CIRCLE #205
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

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

TITLE SD
NAME VALIANT, MARTHA MD
STREET ADDRESS 325 PRATT BLVD
CITY-ST-ZIP LABELLE FL 33935 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VD
NAME Drouin, Beth
STREET ADDRESS 3625 Fowler St.
CITY-ST-ZIP Ft. Myers, FL 33901 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE SD
NAME Taylor, James D.
STREET ADDRESS 1620 Medical Lane, #211
CITY-ST-ZIP Ft. Myers, FL 33907 ☐ Change ☒ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/2000 941 278-0160

Date

Daytime Phone #