

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0045490

DOCUMENT # N47606

1. Entity Name

HEALTHY START COALITION OF SOUTHWEST FLORIDA, IN

04-17-2002 90135 010 *****70.00

Principal Place of Business

Mailing Address

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

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

Zip

Country

Zip

Country

4. FEI Number

65-0378720

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

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

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 PD ☒ Delete
 NAME HARVEY, JANET
 STREET ADDRESS 485 COWBOY WAY
 CITY-ST-ZIP LABELLE FL 33975

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

TITLE VD ☐ Delete
 NAME CRAIG, SUSAN
 STREET ADDRESS 3301 E TAMiami TR #H
 CITY-ST-ZIP NAPLES FL 34106

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

TITLE TD ☐ Delete
 NAME DROUIN, BETH
 STREET ADDRESS 3625 FFWLER ST.
 CITY-ST-ZIP FORT MYERS FL 33901

TITLE VD ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 3625 FOWLER ST.
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME TAYOR, JAMES D
 STREET ADDRESS 1620 MEDICAL LANE #211
 CITY-ST-ZIP FORT MYERS FL 33907

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Stephen Eller - TD ☐ Change ☒ Addition
 NAME
 STREET ADDRESS 27299 River View Center Blvd., # 100
 CITY-ST-ZIP Bonita Springs, FL 34134

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-5-02

941-338-2676

CR2E037 (9/01)