

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49921

1. Entity Name

SCLERODERMA FEDERATION GULF COAST AFFILIATE INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90142 024 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4019 SE 20TH PL  
601  
CAPE CORAL FL 33904  
US

4019 SE 20TH PL  
601  
CAPE CORAL FL 33904-8034  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0316006

Applied For

Not Applied For

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

ASHMORE, RUTH  
4019 SE 20TH PL  
#601  
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 PD ☐ Delete  
NAME ASHMORE, RUTH E.  
STREET ADDRESS 4019 SE 20TH PL #601  
CITY-ST-ZIP CAPE CORAL FL

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

TITLE TD ☒ Delete  
NAME GEISENGER, BARBARA  
STREET ADDRESS 1435 DAVIS DRIVE  
CITY-ST-ZIP FT. MYERS FL 33919

TITLE ☐ Change ☒ Addition  
NAME TD Hinkle, MaryLynn  
STREET ADDRESS 24833 Lakemont Ave Ln. #203  
CITY-ST-ZIP Bonita Springs, FL 34134

TITLE S ☐ Delete  
NAME LIEBOLD, WILLIAM  
STREET ADDRESS 6396 ROYAL WOODS ROAD  
CITY-ST-ZIP FT MYERS FL 33908

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

TITLE VD ☐ Delete  
NAME EULITZ, DOROTHY  
STREET ADDRESS 4647 S.E. 17TH PLACE APT. 102  
CITY-ST-ZIP CAPE CORAL FL 33904

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Ruth Ashmore* SIGNATURE REQUIRED Ashmore

1/20/2000

941-945-7096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #