

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**

04-14-2001 90005 029 \*\*\*\*\*61.25

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**DOCUMENT # N92000000016**

1. Entity Name

**TRI-COUNTY SENIOR SERVICES FOUNDATION, INC.**

Principal Place of Business

Mailing Address

~~2040 SANTA BARBARA BLVD.~~  
~~NAPLES FL 33999~~  
~~US~~

POB2400, 555 COWBOY WAY  
LABELLE FL 33975  
US

2. Principal Place of Business

**475 E. Cowboy Way**

3. Mailing Address

Suite, Apt. #, etc.  
**475 E. Cowboy Way**

Suite, Apt. #, etc.

City & State

**Labelle Florida**

City & State

4. FEI Number

**65-0371469**

Applied For

Not Applicable

Zip

**33935**

Country

**USA**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COX, JOE B.**  
**3001 TAMIAMI TR. N., #400**  
**NAPLES FL 33940**

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.

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

TITLE NAME ☐ Delete  
**PD**  
**PLUMMER, WESALINE**  
STREET ADDRESS  
**1001 N. 15TH ST.**  
CITY-ST-ZIP  
**IMMOKALEE FL**

TITLE NAME ☐ Delete  
**ST**  
**DOWNING, KENNETH**  
STREET ADDRESS  
**350 HICKPOCHEE AVE.**  
CITY-ST-ZIP  
**LABELLE FL**

TITLE NAME ☐ Delete  
**D**  
**NOBLES, L.J.**  
STREET ADDRESS  
**F. THOMPSON AVE./BOX 1900**  
CITY-ST-ZIP  
**LABELLE FL 33935**

TITLE NAME ☐ Delete  
**D**  
**WINIARED HOLLAND**  
STREET ADDRESS  
**825 BRYAN AVE.**  
CITY-ST-ZIP  
**LABELLE, FL 33935**

TITLE NAME ☐ Delete  
**D**  
**SUE GULLEY**  
STREET ADDRESS  
**1505 Honor Ct.**  
CITY-ST-ZIP  
**Lehigh Acres FL 33971**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 life empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/19/01**

Date

Daytime Phone #

CR2E037 (10/00)