

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91517 038 ****61.25

DOCUMENT # N920000000016 ✓
1. Entity Name
TRI-COUNTY SENIOR SERVICES FOUNDATION, INC.
P.O. BOX 2400, 475 E. COWBOY WAY
LABELLE, FL 33975-2400

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>475 E. Cowboy Way</u>		3. Mailing Address <u>P.O. Box 2400</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>LaBelle, FL</u>		City & State <u>LaBelle FL 3</u>	
Zip <u>33935</u>	Country <u>USA</u>	Zip <u>33975-2400</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0371469</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name COX, JOE B
Street Address (P.O. Box Number is Not Acceptable)
3001 TAMiami TR. N. #400
City Naples **FL** **Zip Code** 33940

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 Nancy VonSoosten Nancy VonSoosten Fiscal Officer 4/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>PD</u> <u>KENNETH DOWNING</u> <u>350 HICKPOCHEE</u> <u>LaBelle FL 33935</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>L.J. Nobles</u> <u>Ft. Thompson Ave. / Box 1900</u> <u>LaBelle FL 33935</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TD</u> <u>WINIFRED HOLLAND</u> <u>825 BRYAN AVENUE</u> <u>LABELLE FL 33935</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>Melinda Sue Gullett</u> <u>1505 HONOR CT.</u> <u>Lehigh Acres, FL 33971</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>JAMES ABRIEL</u> <u>1400 AMERBIRD</u> <u>LABELLE, FL 33935</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>TOM BOARDMAN</u> <u>POLLYWOG POINT</u> <u>LABELLE, FL 33935</u>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Melinda S Gullett 04/12/02 863/675-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)

ATTACH # N92000000016/643413

4/08/02

CORPORATE DETAIL RECORD SCREEN

8:22 AM

NUM: N92000000016 ST:FL ACTIVE/FL NON-PROF FLD: 10/28/1992

FEI#: 65-0371469

NAME : TRI-COUNTY SENIOR SERVICES FOUNDATION, INC.

PRINCIPAL: 475 E COWBOY WAY

CHANGED: 04/14/01

ADDRESS LABELLE, FL 33935 US

RA NAME : COX, JOE B.

NAME CHG: 06/23/93

RA ADDR : 3001 TAMiami TR. N., #400

ADDR CHG: 06/23/93

NAPLES, FL 33940 US

ANN REP : (1999) A 04/13/99 (2000) A 02/15/00 (2001) A 04/14/01

4/08/02

OFFICER/DIRECTOR DETAIL SCREEN

8:24 AM

CORP NUMBER: N92000000016 CORP NAME: TRI-COUNTY SENIOR SERVICES FOUNDATION, I

TITLE: PD NAME: PLUMMER, WESALINE
1001 N. 15TH ST.

TITLE: ST NAME: IMMOKALEE, FL
DOWNING, KENNETH
350 HICKPOCHEE AVE.

TITLE: D NAME: LABELLE, FL
NOBLES, L.J.
F. THOMPSON AVE./BOX 1900

TITLE: D NAME: LABELLE, FL 33935
HOLLAND, WINIFRED
825 BRYAN AVENUE

TITLE: D NAME: LABELLE, FL 33935
GULLEY, SUE
1505 HONOR COURT
LEHIGH ACRES, FL 33971

