

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90065 019 ****61.25

DOCUMENT # N93000002854

1. Entity Name

KLEIST HEALTH EDUCATION CENTER, INC.



Principal Place of Business

**10501 FGCU BLVD SOUTH
COLLEGE OF HEALTH PROF
FORT MYERS FL 33965-6565
US**

Mailing Address

**10501 FGCU BLVD SOUTH
COLLEGE OF HEALTH PROF
FORT MYERS FL 33965-6565
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 **65-0426978**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROKUSEK, CECILIA
10501 FGCU BLVD SOUTH
FL GLF COAST UNIVERSITY COLLEGE
FORT MYERS FL 33965-6565**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP	<input type="checkbox"/> Delete
NAME	CATTI, JOSEPH R	
STREET ADDRESS	8060 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOWER, MARSHALL T	
STREET ADDRESS	1700 MONROE STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HAMILTON, ANN	
STREET ADDRESS	1462 BEECHWOOD TRAIL	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	ED	<input type="checkbox"/> Delete
NAME	KLEIST, KATHRYN	
STREET ADDRESS	10501 FGCU BLVD SOUTH	
CITY-ST-ZIP	FORT MYERS FL 33965-6565	
TITLE	MGRD	<input type="checkbox"/> Delete
NAME	ROKUSEK, CECILIA	
STREET ADDRESS	10501 FGCU BLVD SOUTH	
CITY-ST-ZIP	FORT MYERS FL 33965-6565	
TITLE	D	<input type="checkbox"/> Delete
NAME	YARRIS-EWERT, LUNDA	
STREET ADDRESS	12545 NEW BRITTANY BLVD	
CITY-ST-ZIP	FORT MYERS FL 33907	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Das, Amal	
STREET ADDRESS	15731 Glenisle Way	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guigon, John	
STREET ADDRESS	8301 Glenfinnan Circle	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grossman, Darlene	
STREET ADDRESS	P.O. Box 1608	
CITY-ST-ZIP	Fort Myers, FL 33902	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fewster, Barbara	
STREET ADDRESS	6643 Joanna Circle	
CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Personette, Steve	
STREET ADDRESS	P.O. Box 370 MC 1650	
CITY-ST-ZIP	Fort Myers, FL 33902	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shimp, Steve	
STREET ADDRESS	11941 Fairway Lakes Drive	
CITY-ST-ZIP	Fort Myers, FL 33913	

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:

Kathryn Kleist

Kathryn Kleist

1/6/03

239-590-7502

CR2E037 (10/02)