

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002301

1. Entity Name

ISLAND COAST PRIMARY CARE PROJECT INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90072 021 ****61.25

Principal Place of Business

Mailing Address

9981 HEALTHPARK CIRCLE
SUITE 110
FORT MYERS FL 33908
US

P.O. BOX 08487
FORT MYERS FL 33908-0421
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

65-0489064

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

LINDA HIGGINS
9981 HEALTHPARK CIRCLE
SUITE 110
FORT MYERS FL 33908

Name

Janet Stedcke

Street Address (P.O. Box Number is Not Acceptable)

9981 HealthPark Circle

Suite 110

City

Fort Myers

FL

Zip Code

33908

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

Janet Stedcke

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/2000

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	DP	<input type="checkbox"/> Delete
NAME	BARTLETT, JOHN W	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITLEY, STEVEN R.	
STREET ADDRESS	2075 W. FIRST STREET	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTTERY, EDWIN G III	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	MON, MANUEL J	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RITROSKY, JOHN JR	
STREET ADDRESS	9350 CAMELOT DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WILKE, ANN	
STREET ADDRESS	3805 FOWLER ST.	
CITY-ST-ZIP	FT. MYERS FL 33901	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 #

Janet Stedcke Treasurer 1/14/2000 941-433-6760

CR2E037 (9/99)