

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90564 023 ****61.25

DOCUMENT # N94000003086

1. Entity Name

JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

1250 TAMiami TRAIL
 207
 NAPLES FL 34102
 US

1250 TAMiami TRAIL
 207
 NAPLES FL 34102-5267
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0503084

Applied For

Not Applicable

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

HARRISON, WENDY S
 1250 TAMiami TRAIL N
 SUITE 207
 NAPLES FL 34102

Name

Diana Morris

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

Same

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

Diana L. Morris

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4/25/00

DATE

FILE NOW:
FEES 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 NAME STREET ADDRESS CITY - ST - ZIP	CD HALE, KEVIN 12730 NEW BRITTANY ROAD FT. MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD BRUNKER, BUDDY P. O. BOX 2477 N/A NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUNNEL, JAY 3606 ENTERPRISE AVE NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD SPAUGH, SABRA 3451 BONITA BAY BLVD #104 BONITA SPGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HARRISON, WENDY 1250 TAMiami TR N #207 NAPLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S VIRGINIA, CRAIG 801 LAUREL OAK DR NAPLES FL 34108	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD Joe Whittenhall, Joel 800 Hidden Harbor Drive Naples, FL 34109	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD Chip Reeves, Chrp 2017 McGregor Blvd Fort Myers, FL 33902	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Diana Morris, Diana 1250 Tamiami Trail N #207 Naples, FL 34102	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changes.

SIGNATURE:

[Signature]

4-25-00

941-949-6200

C-32E037 (9/99)