

Aug 13, 2001 8:00 am  
Secretary of State

08-01-2001 90190 006 \*\*\*\*61.25

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003086

1. Entity Name

JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

1250 TAMiami TRAIL  
207  
NAPLES FL 34102  
US

Mailing Address

1250 TAMiami TRAIL  
207  
NAPLES FL 34102  
US

2. Principal Place of Business

24311 Walden Center Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Ste 200

Suite, Apt. #, etc.

City &amp; State

Bonita Springs, FL

City &amp; State

4. FEI Number

65-0503084

Applied For

Not Applicable

Zip

34134

Country

USA

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

MORRIS, DIANA  
1250 TAMiami TRAIL N  
SUITE 207  
NAPLES FL 34102

Victoria Stephan

Name - Victoria Stephan

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

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

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
CD	WHITTENHALL, JOEL	800 HIDDEN HARBOR DR	NAPLES FL 34109	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VCD	REEVES, CHIP	2017 MAGREGOR BLVD	FT MYERS FL 33902	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
VCD	SPAUGH, SABRA	3451 BONITA BAY BLVD #104	BONITA SPGS FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MORRIS, DIANA	1250 TAMiami TR N #207	NAPLES FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
S	VIRGINIA, CRAIG	801 LAUREL OAK DR	NAPLES FL 34108	<input type="checkbox"/>

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Vice Chair	Angela Garcia			<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (5/01)