

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90467 027 \*\*\*\*61.25

0049970

**DOCUMENT # N94000003086**

1. Entity Name

**JUNIOR ACHIEVEMENT OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business

Mailing Address

24311 WALDEN CENTER DR  
 STE 200  
 BONITA SPRINGS FL 34134  
 US

24311 WALDEN CENTER DR  
 STE 200  
 BONITA SPRINGS FL 34134  
 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

65-0503084

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

STEPHAN, VICTORIA  
 1250 TAMiami TRAIL N  
 SUITE 207  
 NAPLES FL 34102

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.

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**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	MEDLEY, LARRY	
STREET ADDRESS	800 HIDDEN HARBOR DR	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	GARCIA, ANGELA	
STREET ADDRESS	2017 MAGREGOR BLVD	
CITY-ST-ZIP	FT MYERS FL 33902	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PATERNO, JOE	
STREET ADDRESS	3451 BONITA BAY BLVD #104	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEEDY, JEFFREY	
STREET ADDRESS	1250 TAMiami TR N #207	
CITY-ST-ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHAN, VICTORIA	
STREET ADDRESS	801 LAUREL OAK DR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
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		
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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:

*Victoria Stephan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-02 941-949-2190

CR2E037 (9/01)