

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004068

1. Entity Name

PHOENIX FOUNDATION, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90228 008 ****61.25

Principal Place of Business

2706 FIRST STREET
 FORT MYERS FL 33901
 US

Mailing Address

10271 ORANGE RIVER BLVD
 FT MYERS FL 33902-1461
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1461

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Myers FL

4. FEI Number

65-0829714

Applied For

Not Applicable

Zip

Country

Zip

33902

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

HAMILTON, VICKI
 2706 FIRST STREET
 FORT MYERS FL 33901

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

Vicki Hamilton

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/00

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 KUYK, ALAN
 2706 FIRST STREET
 FORT MYERS FL 33901 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PTD
 HAMILTON, VICKI
 10271 ORANGE RIVER BLVD
 FT MYERS FL 33905 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 2706 First St.
 Ft. Myers, FL 33901 ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 ALTMAN, TOM
 4272 B ISLAND CIRCLE DRIVE
 FORT MYERS FL 33918 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
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 CITY-ST-ZIP
☐ Change ☐ 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 like empowered.

SIGNATURE:

Vicki Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 941-334-5432

CR2E037 (9/99)