

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2002 8:00 am
Secretary of State

05-02-2002 90042 020 ****69.97

DOCUMENT # N94000004486

1. Entity Name

WISHING WELL FOUNDATION, INC.

Principal Place of Business

Mailing Address

5051 CASTELLO DRIVE
STE 1
NAPLES FL 34103
US

5051 CASTELLO DRIVE
STE 1
NAPLES FL 34103
US

2. Principal Place of Business

3. Mailing Address

5051 Castello Drive

5051 Castello Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #1

Suite 1

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34103

USA

34103

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0525360

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORBUSH, VICKI
5051 CASTELLO DRIVE
STE 1
NAPLES FL 34103

Name Same

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 Torbush

Vicki Torbush

4/16/02

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

+ 8.75

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	T JOHNSON, CHARLES 1770 WAVECREST CT MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, JAMES C/O 3300 SANTA BARBARA BLVD NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, JIM 212 WINDBROOK CT MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORBUSH, MIMI 243 WINDBROOK CT MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, MARK C/O 850 PARK SHORE DRIVE NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORBUSH, VICKI 26930 WYNDHURST CT BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Johnson, Charles 1770 Wavcrest Court Marco Island, FL 34145	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Sec Kerri Goldsmith C/O 14291 Metro Pkwy #1300 Ft Myers, FL 33912	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gennaro, J'lene 26950 Montego Point #201 Bonita Springs, FL 34134	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Scheetz, Larry C/O 2375 Tamiami Trail North #300 Naples, FL 34103	<input 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

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 Torbush

4/16/02 (239) 213-0397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)