

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90142 018 ****61.25

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1. Entity Name
LIFE, EDUCATION AND COUNSELING CENTER OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**2439 MCGREGOR BLVD
FT MYERS FL 33901
US**

Mailing Address

**2439 MCGREGOR BLVD
FT MYERS FL 33901-305**

22000433



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0539869**

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

**SEAMAN, PHYLLIS J
36 NEIBA STREET
FT MYERS FL 33912**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MERTON, BRUCE REV	
STREET ADDRESS	8360 CYPRESS LAKE DRIVE	
CITY-ST-ZIP	FT MEYERS FL 33919	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PURNELL, SHERYL	
STREET ADDRESS	133 SOUTHWEST 54TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	TD Assist.	<input type="checkbox"/> Delete
NAME	SEAMAN, PHYLLIS J	
STREET ADDRESS	36 NEIBA COURT	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	NORRIS, LARRY	
STREET ADDRESS	1034 EDMERER	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	WHEELER, WILSON	
STREET ADDRESS	5900 JEFFERY LANE	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE	MBD	<input type="checkbox"/> Delete
NAME	VERWEST, LEANNA	
STREET ADDRESS	6738 OLD WHISKEY CREEK DRIVE	
CITY-ST-ZIP	FT. MYERS FL 33919	

TITLE	MBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REV. WILLIAM MORROW	
STREET ADDRESS	536 VAL MAR DR.	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	MBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL MCCULLA	
STREET ADDRESS	5366 FAIRFIELD WAY	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD HELMS	
STREET ADDRESS	5865 TALKWOOD CIR.	
CITY-ST-ZIP	FT. MYERS, FL 33919	
TITLE	MBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY CHRIS WILTSIRE	
STREET ADDRESS	6417 MARK LANE	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	MBD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT HEFFINGTON	
STREET ADDRESS	539 PEEK AVE.	
CITY-ST-ZIP	FT. MYERS, FL 33919	
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: PHYLLIS J. SEAMAN 1/27/03 239-482-2381

CR2E037 (10/02)

Attachment

ARCHON RESIDENTIAL MANAGEMENT GEN-PAR, INC.

22 000432

Director:

Name

Address

Stuart M. Rothenberg

85 Broad Street, 10th Floor
New York, NY 10004

#7970000000

Officers:

Name

Title

Address

James L. Lozier, Jr.

President

600 E. Las Colinas Blvd.
Suite 400
Irving, TX 75039

Roger H. Beless

Vice President

600 E. Las Colinas Blvd.
Suite 400
Irving, TX 75039

Gary Parrett

Vice President

600 E. Las Colinas Blvd.
Suite 400
Irving, TX 75039

Alan King

Vice President,
Asst. Secretary

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James Kjolhede

Vice President,
Asst. Secretary

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Jay Jacobsen

Vice President,
Asst. Secretary

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Ron K. Barger

Vice President,
Secretary &
Asst. Treasurer

600 E. Las Colinas Blvd.
Suite 400
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Richard Frapart

Vice President,
Asst. Secretary &
Treasurer

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Suite 400
Irving, TX 75039

Mark Van Tilburg

Vice President,
Asst. Secretary

600 E. Las Colinas Blvd.
Suite 400
Irving, TX 75039

Mark Wolcott

Vice President,
Asst. Secretary

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