

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002445

1. Entity Name

AIDS RESOURCE COUNCIL OF SOUTHWEST FLORIDA, INC.

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90069 036 ****61.25

Principal Place of Business

Mailing Address

3677 CENTRAL AVENUE
SUITE D
FORT MYERS FL 33901

3677 CENTRAL AVENUE
SUITE D
FORT MYERS FL 33901

2. Principal Place of Business

3. Mailing Address

3677 Central Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

City & State

City & State

Fort Myers

Zip

Country

Zip

Country

33901

US

4. FEI Number

65-0581985

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

BOBO, ROBERT M
6474 ROYALWOODS DR
FORT MYERS FL 33908

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

T/D
WILLIAMS, PERDE
2732 MICHIGAN AVENUE
FORT MYERS FL 33916

Change Addition

VD
KAYE, DONNA
2133 BROADWAY
FORT MYERS FL 33901

Change Addition

SD
TORMOS, CARLOS
3090 EVANS AVE.
FORT MYERS FL 33901

Change Addition

PD
KUSHNER, STEVEN P., ESQ.
1375 JACKSON STREET
FT. MYERS FL 33901

Change Addition

Change Addition

Change Addition

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/02 941-337-0080

CR2E037 (9/01)