

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004275

1. Entity Name

FT. MYERS INTERFAITH VOLUNTEER CAREGIVERS PROGRA

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90099 014 ****61.25

Principal Place of Business

3595 BROADWAY
C/O ST. MICHAEL'S LUTHERAN CHURCH
FORT MYERS FL 33901

Mailing Address

POST OFFICE BOX 2031
FT. MYERS FL 33902-2031

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0605801

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

ANTHONY, SUSAN
1431 POINCIANA AVENUE
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

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 PD ☐ Delete
NAME ANTHONY, SUSAN
STREET ADDRESS 3595 BROADWAY
CITY-ST-ZIP FORT MYERS FL 33901

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

TITLE VD ☐ Delete
NAME ORAVEC, MAUREEN
STREET ADDRESS 3595 BROADWAY
CITY-ST-ZIP FORT MYERS FL 33901

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

TITLE SD ☒ Delete
NAME JACK, JAN
STREET ADDRESS 3695 BROADWAY
CITY-ST-ZIP FT MYERS FL 33901

TITLE SD ☒ Change ☐ Addition
NAME Ron Dillman
STREET ADDRESS 3595 Broadway
CITY-ST-ZIP Ft. MYERS, FL 33901

TITLE T ☐ Delete
NAME TUFFY, BOB
STREET ADDRESS 3595 BROADWAY
CITY-ST-ZIP FORT MYERS FL 33901

TITLE Treasurer ☒ Change ☐ Addition
NAME Robin Laurenti
STREET ADDRESS 3595 Broadway
CITY-ST-ZIP Ft. MYERS, FL 33901

TITLE D ☐ Delete
NAME TERRELL, RAY
STREET ADDRESS 3595 BROADWAY
CITY-ST-ZIP FORT MYERS FL 33901

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)