

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000226

1. Entity Name

THE FOUNDATION FOR THE IMMOKALEE CHILD CARE CENT

Principal Place of Business

852 1ST AVE. SOUTH
SUITE 211
NAPLES FL 34102-6127
US

Mailing Address

852 1ST AVE S
STE 211
NAPLES FL 34102-6127
US

2. Principal Place of Business

852, 1st AVENUE SOUTH

Suite, Apt. #, etc.
SUITE 211

City & State
NAPLES, FL

Zip
34102-6127

Country

3. Mailing Address

852 1st AVENUE SOUTH

Suite, Apt. #, etc.
SUITE 211

City & State
NAPLES, FL

Zip
34102-6127

Country

4. FEI Number

31-1467072

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DININO, JOHN
3990 LAKEMONT DR
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DININO, JOHN M.
3990 LAKEMONT DR
BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NOLD, JOHN A
995 N. COLLIER BLVD
MARCO ISLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VING, DONALD
4115 CUTLASS LANE
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DULEBOHN, DAVID
630 VIA MEZNER, UNIT1001
NAPLES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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: *John M. Dinino* (JOHN M. DININO)

2/23/01

(941) 643-6480 x11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90006 047 ****61.25



DO NOT WRITE IN THIS SPACE