

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

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

05-29-2003 90139 014 \*\*\*\*61.25

DOCUMENT # N96000000626

1. Entity Name

WELLWISHERS OF GULF COAST  
CENTER, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Gulf Coast Center

3. Mailing Address

5820 Buckingham Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5820 Buckingham Rd.

City & State

City & State

Fort Myers, FL

Fort Myers, FL

Zip

Country

33905

U.S.

Zip

Country

33905

U.S.

4. FEI Number

65-0668400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

LEE B. DOWNS

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

9705 BAYCREST COURT

City

LEHIGH ACRES

FL

Zip Code

33936

**DO NOT WRITE  
IN THIS SPACE**

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

**FEE IS \$61.25**

**Initial or Amended UBR**

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

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>LEE B. DOWNS<br>P.O. Box 1870<br>Lehigh Acres, FL 33970              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>ROBERT WILLIAMS<br>14708 TRIPLE EAGLE COURT<br>FORT MYERS, FL 33912 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SIT<br>MARCI GREENE<br>10501 FGCU BLVD SOUTH<br>FORT MYERS, FL 33965-6565 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lee B. Downs

CR2E037B (12/02)