

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004852

1. Entity Name

THE JOE LOGSDON AIDS FOUNDATION, INC.

Principal Place of Business

2496 KIRKWOOD AVE.
NAPLES FL 34112
US

Mailing Address

2496 KIRKWOOD AVE.
NAPLES FL 34112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1486087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVE TURNER

20640 COUNTRY CREEK DR. 2434 LANTANA AVE.

#1013

ESTERO FL 33928

Lehigh, FL 33971

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

Steve Turner

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01.11.01

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 | P LOGSDON, CHERYLANN | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3055 ROUND TABLE CT | |
| CITY-ST-ZIP | NAPLES FL 34104 | |
| TITLE NAME | DP TURNER, STEPHEN | <input type="checkbox"/> Delete |
| STREET ADDRESS | 20640 COUNTRY CREEK DR. #1013 | |
| CITY-ST-ZIP | ESTERO FL 33928 | |
| TITLE NAME | D SIESKY, JIM | <input type="checkbox"/> Delete |
| STREET ADDRESS | 141 CARIBBEAN RD | |
| CITY-ST-ZIP | NAPLES FL 34108 | |
| TITLE NAME | D CONLEY, PAT | <input type="checkbox"/> Delete |
| STREET ADDRESS | 331 ERIE DR. | |
| CITY-ST-ZIP | NAPLES FL 34110 | |
| TITLE NAME | D LAWS, MICHAEL | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1233 12TH AVE. N | |
| CITY-ST-ZIP | NAPLES FL 34102 | |
| TITLE NAME | D BARKER, CAROL | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 4332 20TH PL SW | |
| CITY-ST-ZIP | NAPLES FL 34116 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------|--|
| TITLE NAME | TOM FELLEZ | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 2225 HIDDEN LAKE DRIVE # 1 | |
| CITY-ST-ZIP | NAPLES, FL. 34112-2779 | |
| TITLE NAME | P Turner, Stephen | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 2434 Lantana Ave | |
| CITY-ST-ZIP | Lehigh, FL 33971 | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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

01.15.01(91)303.1238

Date

Daytime Phone #

CR2E037 (10/00)

12/02