

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005074

1. Entity Name

ADOPTION TASK FORCE OF SOUTHWEST FLORIDA, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90074 027 ****61.25

Principal Place of Business Mailing Address
2121 COUNTY ROAD 951 2121 COUNTY ROAD 951
SUITE 101 SUITE 101
GOLDEN GATE FL 34116 GOLDEN GATE FL 34116-6543
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3396237

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

Name

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

City

FL

Zip Code

STORTER, SUSAN J.
2121 COUNTY ROAD 951
SUITE 101
GOLDEN GATE FL 34116

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	VD	<input type="checkbox"/> Delete
NAME	IAMURRI, THERESA	
STREET ADDRESS	6211 18TH AVE NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARTER, JOAN	
STREET ADDRESS	3130 KINGS LAKE BLVD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEWART, DANEILLE D CLA,CFL	
STREET ADDRESS	5681 12TH AVENUE, NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEWART, DANEILLE	
STREET ADDRESS	5681 12TH AVE, NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GENTRY, CHERYL	
STREET ADDRESS	12944 THIRD ST, SE	
CITY-ST-ZIP	FORT MYRS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, which shall be the same as the address of the entity.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/00 941-353-1040

CR2E037 (9/99)