

2001 UNIFORM BUSINESS REPORT (UBR)

4/26

FILED
Jun 02, 2001 8:00 am
Secretary of State

04-26-2001 90214 020 ****61.25

DOCUMENT # N96000005074

1. Entity Name

ADOPTION TASK FORCE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

2121 COUNTY ROAD 951
 SUITE 101
 GOLDEN GATE FL 34116
 US

2121 COUNTY ROAD 951
 SUITE 101
 GOLDEN GATE FL 34116
 US

2. Principal Place of Business

11925 Collier Blvd

Suite, Apt. #, etc.

101

City & State

Golden Gate FL

Zip

34116

Country

US

3. Mailing Address

11925 Collier Blvd

Suite, Apt. #, etc.

101

City & State

Golden Gate FL

Zip

34116

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3396237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

11925 Collier Blvd #101

City

Golden Gate

FL

Zip Code

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 (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	President	<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	Vice President	<input type="checkbox"/> Delete
NAME	STEWART, DANEILLE D CLACFL	
STREET ADDRESS	5681 12TH AVENUE, NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STEWART, DANEILLE	
STREET ADDRESS	5681 12TH AVE, NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	SD	<input checked="" 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jody Bisognio	
STREET ADDRESS	900 5th Ave N	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	Susan S. Storter	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11925 Collier Blvd #101	
STREET ADDRESS	Naples, FL 34116	
CITY-ST-ZIP		
TITLE	Dr. Kevin Collins	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	111-81 Health Park Blvd	
STREET ADDRESS	Naples, FL 34110	
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		

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 (10/00)