

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005074

1. Entity Name

ADOPTION TASK FORCE OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

11925 COLLIER BLVD.  
SUITE 101  
GOLDEN GATE FL 34116  
US

11925 COLLIER BLVD.  
SUITE 101  
GOLDEN GATE FL 34116  
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

59-3396237

Applied For

Not Applicable

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.

11925 COLLIER BLVD., #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 PD ☐ Delete  
NAME IAMURRI, THERESA  
STREET ADDRESS 6211 18TH AVE NW  
CITY-ST-ZIP NAPLES FL 34119

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

TITLE TD ☐ Delete  
NAME CARTER, JOAN  
STREET ADDRESS 3130 KINGS LAKE BLVD  
CITY-ST-ZIP NAPLES FL 34112

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

TITLE VPD ☐ Delete  
NAME STEWART, DANEILLE D. CLA, CFL  
STREET ADDRESS 5681 12TH AVENUE, NW  
CITY-ST-ZIP NAPLES FL 34119

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

TITLE SD ☐ Delete  
NAME BISOGNO, JUDY  
STREET ADDRESS 900 5TH AVE. N.  
CITY-ST-ZIP NAPLES FL 34102

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

TITLE D ☐ Delete  
NAME STORTER, SUSAN J  
STREET ADDRESS 11925 COLLIER BLVD., #101  
CITY-ST-ZIP NAPLES FL 34116

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

TITLE D ☐ Delete  
NAME COLLINS, KEVIN DR  
STREET ADDRESS 11181 HEALTH PARK BLVD.  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Change ☐ 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90695 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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