

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90126 034 \*\*\*\*61.25

DOCUMENT # N96000005647

i. Entity Name

**PARTNERS IN SELF-SUFFICIENCY OF LEE COUNTY, FLORID**

Principal Place of Business	Mailing Address
MARTIN LUTHER KING, JR. BLVD FT MYERS FL 33916	3326 MARTIN LUTHER KING, JR. BLVD FT MYERS FL 33916

Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0713476	Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HILLMYER, BARRY R  
 2135 COTTAGE ST  
 FT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: **Kenneth A. Jones, ESR**  
 Street Address (P.O. Box Number is Not Acceptable): **2320 FIRST STREET, # 1000**  
 City: **Fort Myers** FL Zip Code: **33901**

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 Kenneth A. Jones  
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SHERA, RICHARD STREET ADDRESS: 12751 NEW BRITTANY BLVD CITY-ST-ZIP: FT MYERS FL	<input type="checkbox"/> Delete	TITLE: P NAME: Richard Bashaw STREET ADDRESS: 1456 LYNWOOD AVENUE CITY-ST-ZIP: FORT MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD NAME: TORGERSON, MARTHA STREET ADDRESS: 2120 MAIN STREET CITY-ST-ZIP: FT-MYERS FL	<input type="checkbox"/> Delete	TITLE: D NAME: Dinah Johnson STREET ADDRESS: PO-Box 398 CITY-ST-ZIP: FORT MYERS, FL 33902	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DEHANEY, CASSANDRA STREET ADDRESS: 13177 CURRIER CIRCLE CITY-ST-ZIP: FT. MYERS FL	<input type="checkbox"/> Delete	TITLE: D NAME: MOE PEREIRA STREET ADDRESS: 3901 DR. MARTIN LUTHER KING, JR. BLVD CITY-ST-ZIP: FORT MYERS, FL 33916	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: SD NAME: DA FROTA, ELIZABETH STREET ADDRESS: 7204 SWAN LAKE DR CITY-ST-ZIP: FT. MYERS FL 33919	<input type="checkbox"/> Delete	TITLE: D NAME: IRIS M. GONZALEZ VEGA STREET ADDRESS: 4348 BALLARD DR CITY-ST-ZIP: FORT MYERS, FL 33916	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: VELASCO, KERRIE STREET ADDRESS: 13520 CLEVELAND AVE. N. CITY-ST-ZIP: FT MYERS FL	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: DA FROTA, ELIZABETH STREET ADDRESS: 7204 SWAN LAKE DR CITY-ST-ZIP: FORT MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: JOSEPH, JONATHAN STREET ADDRESS: PO BOX 74 CITY-ST-ZIP: LEHIGH ACRES FL 33970	<input type="checkbox"/> Delete	TITLE: SD NAME: ANA SOLIA STREET ADDRESS: 1152 TERRY AVE CITY-ST-ZIP: FORT MYERS, FL 33916	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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] **PROPOSED** 3/8/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)