

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-11-2002 90027 014 ****61.25

DOCUMENT # N99000001104

1. Entity Name

THE FOSTER CARE COUNCIL OF S.W. FLORIDA, INC.

Principal Place of Business

Mailing Address

**3622 WOODLAKE DRIVE S.W.
 BONITA SPRINGS FL 34134**

**3622 WOODLAKE DRIVE S.W.
 BONITA SPRINGS FL 34134**

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

59-3598933

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

**APPELBAUM, STANLEY
 3622 WOODLAKE DRIVE S.W.
 BONITA SPRINGS FL 34134**

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

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 **DP** ☐ Delete
 NAME **APPELBAUM, STANLEY**
 STREET ADDRESS **3622 WOODLAKE DRIVE S.W.**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE **DS** ☐ Delete
 NAME **SCHULTZEL, LINDA EBERHART**
 STREET ADDRESS **210 - 11TH AVENUE SOUTH**
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE **DV** ☒ Change ☐ Addition
 NAME **SCHULTZEL, LINDA EBERHART**
 STREET ADDRESS **210 - 11TH AVENUE SOUTH**
 CITY-ST-ZIP **NAPLES FL 33940**

TITLE **DT** ☐ Delete
 NAME **SCHULTZEL, LESLIE JOHN**
 STREET ADDRESS **210 - 11TH AVENUE SOUTH**
 CITY-ST-ZIP **NAPLES FL 33940**

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

TITLE **DV** ☒ Delete
 NAME **HALL, MARSHALL KING**
 STREET ADDRESS **1700 MONROE STREET**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **DS** ☐ Change ☒ Addition
 NAME **SPROAT, VICKI L.**
 STREET ADDRESS **1715 MONROE STREET**
 CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **D** ☒ Delete
 NAME **MONTECALVO, DAWN**
 STREET ADDRESS **9825 BERKSHIRE STREET**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **D** ☐ Change ☒ Addition
 NAME **APPELBAUM, CATHY S.**
 STREET ADDRESS **3622 WOODLAKE DRIVE, S.W.**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **D** ☐ Delete
 NAME **ROSS, ELIZABETH**
 STREET ADDRESS **264 SABAL LAKE DRIVE**
 CITY-ST-ZIP **NAPLES FL 34104**

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:

Vicki L. Sproat
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-20-02

Date

941-768-0697

Daytime Phone #

CR2E037 (9/01)