## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900001104

1. Entity Name

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



FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90130 028 \*\*\*\*61.25

Principal Plac				<del></del>			
	ce of Business	Mailing Address					
3622 WOODLAKE DRIVE S.W.		3622 WOODLAKE DRIVE S.W.					
BONITA SPRIM	NGS FL 34134	BONITA SPRINGS FL 3413	4				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		]	☐ CHECK HERE IF MAKING CHANGES		
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Only a on		Oity & State		4. FEI Nullige	59-3598933		ot Applicable
Zip	Country	Zip	Country	E Contificate	of Status Desired	\$9.75	<del></del>
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···	6. Name and Address of Current	Registered Agent	Nama	7. Name and	Address of New Registe	ered Agent	
ADDELD/	ALIBA CTANIEV	المعالجة المراجعة المعادية	Name				
APPELBAUM, STANLEY 3622 WOODLAKE DRIVE S.W.			Street Address (		is Not Acceptable)	~	
	SPRINGS FL 34134			W			
	2		03.	<del>-</del>		72=-	
		City				FL Zip Cod	le
3. The above	e named entity submits this statement fo	r the purpose of changing its	registered office of	r registered agent, or both	, in the State of Florida.	I am familiar with,	and accept
the obliga	tions of registered agent.						
	<u>~</u>						
SIGNATURE	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE	E: Registered Agent signat	ure required when reinstating)		DATE	
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• .	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be		heck Payable	
**	₹.			\$5.00 May Be Added to Fees		heck Payable epartment of \$	
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2. 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:

SIMMICHUBELAISPUGAT

239-337-8445