

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-08-2000 90020 040 ***150.00

DOCUMENT # N9900000 ~~2074~~

1. Entity Name

Directors of Volunteer Services of
Southwest Florida

Principal Place of Business

Mailing Address

3600 Evans Ave.
Fort Myers, FL
33901

3600 Evans Avenue
Fort Myers, FL 33901
USA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICIA MOLZOW
3600 EVANS AVENUE
Fort Myers, FL 33901

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 PATRICIA MOLZOW

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|---------------------------------|
| TITLE D NAME Carrie Scott STREET ADDRESS 1388 N. Tamiami Trail CITY-ST-ZIP N. Fort Myers, FL 33 | <input type="checkbox"/> Delete |
| TITLE D NAME President-elect STREET ADDRESS Sharon Downey R30A CITY-ST-ZIP 3301 E TAMIA MI Trail N. Fort Myers, FL 34112 | <input type="checkbox"/> Delete |
| TITLE D NAME Secretary STREET ADDRESS Eileen Soback-Bador CITY-ST-ZIP 2885 FIRST ST. FORT MYERS, FL | <input type="checkbox"/> Delete |
| TITLE D NAME Treasurer STREET ADDRESS Linda Summers CITY-ST-ZIP FGCU 10501 FGCU Blvd. Fort Myers, FL 33965 | <input type="checkbox"/> Delete |
| TITLE D NAME PAST PRESIDENT STREET ADDRESS PATRICIA MOLZOW CITY-ST-ZIP 3600 EVANS AVE FORT MYERS FL 33901 | <input type="checkbox"/> Delete |

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sharon Downey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON DOWNEY

4/21/2000

50774-883

CR2E034 (9/99)