

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90071 042 ****61.25

DOCUMENT # **N99000002477**

1. Entity Name

Atwell Center of Southwest Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5647 Naples Blvd.

Suite, Apt. #, etc.

3. Mailing Address

5647 Naples Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Naples FL

City & State

Naples FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

59-3579247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Patricia Bilitzke

Street Address (P.O. Box Number is Not Acceptable)

6118 Thresher Drive

City

Naples

FL

Zip Code

34112

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

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDST
Patricia Bilitzke
6118 Thresher Drive
Naples FL 34112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Sean Rawson
400 5th Ave S, #300
Naples, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
James Boorstin
680 2nd Ave N
Naples FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jamie Mueller
2233 45th Street NW
Naples, FL 34116-6327**

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 517, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

Patricia Bilitzke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

DATE

239 514 4550

DAYTIME PHONE

CR2E037B (12/01)