

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002760

1. Entity Name

LABPA EDUCATION FOUNDATION, INC.

Principal Place of Business

C/O MELINDA P. RIDDLE, ESQ.
9955 NORTH TAMiami TRAIL SUITE 3
NAPLES FL 34108

Mailing Address

C/O MELINDA P. RIDDLE, ESQ.
9955 NORTH TAMiami TRAIL SUITE 3
NAPLES FL 34108-1914

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

RIDDLE, MELINDA P
9955 NORTH TAMiami TRAIL SUITE 3
NAPLES FL 34108

4. FEI Number

65-0939989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
NAME RIDDLE, MELINDA P
STREET ADDRESS 9955 N TAMiami TRAIL SUITE 3
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Delete
NAME PEREZ-PEARSON, MIRNA
STREET ADDRESS 2031 SWAINSONS RUN
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ Delete
NAME SACO, YVETTE L
STREET ADDRESS 2004 SHEFFIELD AV
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90118 005 ****61.25

943246



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)