

2001 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--**

2. Principal Place of Business
**2500 Airport Road S.,
Suite, Apt. #, etc.
Suite 311
City & State
Naples**

3. Mailing Address
**2500 Airport Road S.,
Suite, Apt. #, etc.
Suite 311
City & State
Naples**

Zip
34112

Country
USA

FILED

01 MAY 18 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

18

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**

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)
**2500 Airport Road South,
Suite 311**

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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	D RIDDLE, MELINDA P 9955 N TAMiami TRAIL SUITE 3 NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-PEARSON, MIRNA 2031 SWAINSONS RUN NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SACO, YVETTE L 2004 SHEFFIELD AV MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600004275746--2 -05/22/01--01031--015 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-PEARSON, MIRNA 4514 OSSABAW WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST FOR ADDITIONAL DIRECTORS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is 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: **SKALNAP RIDDLE** **427-01**

CR2E037 (10/00)

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D
Dr. Marta U. Coburn
3838 Domestic Ave
Naples, FL 34105

D
Yolanda Dustin
PO Box 7923
Naples, FL 34101-7923

D
Mary DeArmas
108 Santa Clara Dr. #3
Naples, FL 34104

D
Ana Maria DeArmas
108 Santa Clara Dr. #5
Naples, FL 34104

D
Eduardo DeArmas
108 Santa Clara Dr. #3
Naples, FL 34104

D
Gerald Silber
374 Melrose Place
Naples, FL 34104

D
Margarita Suarez
7710 Ahoy Ave
Naples, FL 34109