

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1999000006907

1. Entity Name
ROACH MOTIVATIONAL EDUCATION FOUNDATION, INC.

Principal Place of Business **Mailing Address**
13370 SOUTHAMPTON DR SAME
BONITA SPRINGS, FL
34135

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 31-1714193 **Applied For**
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RAYMOND C. ROACH
13370 SOUTHAMPTON DRIVE
BONITA SPRINGS, FL 34135

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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 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: Raymond C. Roach **RAYMOND C. ROACH** **11/15/00** **941-495-1106**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 15 PM 2:11

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT #
 1. Entity Name
 ***THIS PAGE USED FOR ADD'L OFFICER/DIRECTOR
 INFO. ONLY***

Principal Place of Business	Mailing Address
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City

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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
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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
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	MANNY TOURON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	701 IMMOKALEE DRIVE IMMOKALEE, FL 34142 <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
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SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

ROACH MOTIVATIONAL
EDUCATION FOUNDATION INC.

ROSTER OF DIRECTORS AND OFFICERS

1. Raymond C. Roach 13370 Southampton Dr. Bonita Springs, Fl. 34135
Director and President
2. Frank J. Roach 4343 Albon Rd., Monclova, Ohio 43542
Director and Vice-President
3. C. William Root 2150 Goodlette Rd. North, Naples, Fl., 34102
Director and Secretary
4. James R. Schott Jr. 341 20th St. S.E. Naples, Fl. 34117
Director and Treasurer
5. Marshall T. Bower 1700 Monroe St., Ft. Meyers, Fl. 33902
Director
6. Fred Thomason Jr. 1800 Farm Worker Way, Immokalee, Fl. 39142
Director
7. Manny Touron 701 Immokalee Dr., Immokalee, Fl. 39142
Director
8. Lisa Scallan 701 Immokalee Dr., Immokalee, Fl. 39142
Director

This is a full and complete list of all directors and officers of this corporation as of 12/10/00.


Raymond C. Roach
President