

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006907

1. Entity Name

ROACH MOTIVATIONAL EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

13370 SOUTHAMPTON DRIVE  
BONITA SPRINGS FL 34135

13370 SOUTHAMPTON DRIVE  
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

7. Name and Address of New Registered Agent

ROACH, RAYMOND C  
13370 SOUTHAMPTON DRIVE  
BONITA SPRINGS FL 34135

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  
After September 12, 2001, min. will be \$236.25

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 DP  
NAME ROACH, RAYMOND C ☐ Delete  
STREET ADDRESS 13370 SOUTHAMPTON DR  
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE  
NAME MANNY TOURON ☐ Change ☒ Addition  
STREET ADDRESS 701 IMMOKALEE DRIVE  
CITY-ST-ZIP IMMOKALEE, FL 34142

TITLE DV  
NAME ROACH, FRANK J ☐ Delete  
STREET ADDRESS 4343 ALBON RD  
CITY-ST-ZIP MONCLOVA OH 43542

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS  
NAME ROOT, C. WILLIAM ☐ Delete  
STREET ADDRESS 2150 GOODLETTE RD NORTH  
CITY-ST-ZIP NAPLES FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT  
NAME SCHOTT, JAMES R JR ☐ Delete  
STREET ADDRESS 341 20TH ST SE  
CITY-ST-ZIP NAPLES FL 34117

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME BOWER, MARSHALL T ☐ Delete  
STREET ADDRESS 1700 MONROE STREET  
CITY-ST-ZIP NAPLES FL 33902

TITLE D ☒ Change ☐ Addition  
NAME BOWER, MARSHALL T.  
STREET ADDRESS P. O. DRAWER 399  
CITY-ST-ZIP FORT MEYERS, FL 33902

TITLE D  
NAME THOMAS, FRED JR ☐ Delete  
STREET ADDRESS 1800 FARM WORKER WAY  
CITY-ST-ZIP IMMOKALEE FL 39142

TITLE  
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)(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 PRESIDENT 9/4/01 (941) 495-1106

FILED  
Sep 10, 2001 8:00 am  
Secretary of State

09-10-2001 90065 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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