

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006907

FILED  
Apr 10, 2003  
Secretary of State

**Entity Name:** ROACH MOTIVATIONAL EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

341 20TH STREET SE  
NAPLES, FL 34117

**New Principal Place of Business:**

**Current Mailing Address:**

341 20TH STREET SE  
NAPLES, FL 34117

**New Mailing Address:**

**FEI Number:** 31-1714193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHOTT, JAMES  
341 20TH STREET SE  
NAPLES, FL 34117 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SCHOTT, JAME  
Address: 341 20TH STREET SE  
City-St-Zip: NAPLES, FL 34117

Title: DV ( ) Delete  
Name: MANLEY, PAUL  
Address: 2150 GOODLETTE ROAD NORTH  
City-St-Zip: NAPLES, FL 34102

Title: VD ( ) Delete  
Name: THOMAS, FRED  
Address: 1800 IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 39142

Title: SD ( ) Delete  
Name: SCALLAN, LISA  
Address: 701 IMMOKALEE DR  
City-St-Zip: IMMOKALEE, FL 39142

Title: D ( ) Delete  
Name: ROACH, FRANK  
Address: 4343 ALBON ROAD  
City-St-Zip: MONCLOVA, OH 43542

Title: D ( ) Delete  
Name: TOURON, MANNY  
Address: 701 IMMOKALEE ROAD  
City-St-Zip: IMMOKALEE, FL 39142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THOMAS, FRED  
Address: 1800 IMMOKALEE ROAD  
City-St-Zip: NAPLES, FL 39142

Title: D (X) Change ( ) Addition  
Name: SCALLAN, LISA  
Address: 401 9TH STREET NORTH  
City-St-Zip: IMMOKALEE, FL 39142

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TOURON, MANNY  
Address: 401 9TH STREET NORTH  
City-St-Zip: IMMOKALEE, FL 39142

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SCHOTT

PTD

04/10/2003

Electronic Signature of Signing Officer or Director

Date

BOWER, MARSHALL (D)  
15031 PUNTA RASSA RD.  
FT. MYERS, FL 33908

ROACH, PATRICIA (SD)  
13370 SOUTHAMPTON DRIVE  
BONITA SPRINGS, FL 34135

ARHAR, DANA (VD)  
701 IMMOKALEE DR  
IMMOKALEE, FL 39142

RUBIN, GEORGE (VD)  
445 DOCK SIDE DR  
NAPLES, FL 34110