

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005104

1. Entity Name

FOSTER AMERICA, INC.

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90133 044 \*\*\*158.75

Principal Place of Business

1012 GOODLETTE ROAD NO STE 201  
NAPLES FL 34102

Mailing Address

1012 GOODLETTE ROAD NO STE 201  
NAPLES FL 34109-2035

2. Principal Place of Business

2241 TRADE CENTER WAY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

AS Principal

City & State

NAPLES, FL

City & State

Zip

34109

Country

USA

Zip

Country

4. FEI Number

65-0723880

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIKET, ANDREW G  
2640 GOLDEN GATE PARKWAY STE 315  
NAPLES FL 34105

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME WALLER, EDWARD A JR  
STREET ADDRESS 1012 GOODLETTE ROAD NO STE 201  
CITY-ST-ZIP NAPLES FL 34102

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

TITLE D ☐ Delete  
NAME BEAN, CINDY  
STREET ADDRESS 210 NOTTINGHAM DRIVE  
CITY-ST-ZIP NAPLES FL 34109

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

TITLE D ☐ Delete  
NAME WILLIAM-WESNER, ROBERT  
STREET ADDRESS 1484 OSPREY AVENUE  
CITY-ST-ZIP NAPLES FL 34102

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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 #

CR2E034 (9/99)