

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90019 016 ****70.00

DOCUMENT # 703471

1. Entity Name

SOUTHWEST FLORIDA CENTER FOR THE HANDICAPPED, IN

Principal Place of Business

Mailing Address

4002 S TAMiami TRAIL
 VENICE FL 34293

4002 S TAMiami TRAIL
 VENICE FLA 34293-5030

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

59-1011392

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOUGH, KAREN J
955 NEW FORES CIR
VENICE FL 34275

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

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	TD	<input type="checkbox"/> Delete
NAME	BIGELOW, ROBERT	
STREET ADDRESS	16 ST CROIX WAY	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHULTZ, JACK	
STREET ADDRESS	270 TAMiami TRAIL	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOUGH, KAREN J	
STREET ADDRESS	200 S NOKOMIS AVENUE	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, TED	
STREET ADDRESS	938 SKLAR DR. WEST	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WHOLEY, LEONARD	
STREET ADDRESS	27 GOLF VIEW DR	
CITY-ST-ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOOTH, JOHN S	
STREET ADDRESS	127 INLETS BLVD	
CITY-ST-ZIP	NOKOMIS FL 34275	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bigelow, Robert	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shultz, Jack	
STREET ADDRESS	201 Center Road	
CITY-ST-ZIP	Venice, FL 34292	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hough, Karen J.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weaver, Benny	
STREET ADDRESS	1455 South Tamiami Tr.	
CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wholey, Leonard	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dittmann, Josephine	
STREET ADDRESS	3025 Pan American Blvd.	
CITY-ST-ZIP	North Port, FL 34287	

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: *SIGNATURE REQUIRED* **KAREN J. Hough** 2/1/00 941-486-4410
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

Attachment
PW 17085

SOUTHWEST FLORIDA CENTER FOR THE HANDICAPPED, INC.

D

Carter, Alan
2100 Tamiami Trail South
Venice, FL 34293

D

Dunkin, David
170 Dearborn West
Englewood, FL 34223

D

Hinds, Ann
150 Southampton Place South
Venice, FL 34293

D

Meaney, Dr. Thomas
9 Dominica Drive
Englewood, FL 34223

D

Roberts, Gregory
341 West Venice Avenue
Venice, FL 34285

D

Vander Wulp, Sharon S.
227 Nokomis Avenue South
Venice, FL 34285

D

Wiley, Colleen
248 Nokomis Avenue
Venice, FL 34284

D

Winchester, Marlene
5390 Kenwood Drive
North Port, FL 34287