

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

007708

02-08-2001 90182 028 *****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 FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1011392

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~HOUGH, KAREN J~~
~~955 NEW FORES CIR~~
~~VENICE FL 34275~~

Name

WEAVER, BENNY

Street Address (P.O. Box Number is Not Acceptable)

1455 SOUTH TAMiami TR

City

VENICE

FL

Zip Code

34285

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

Benny A. Weaver

BENNY WEAVER, PRES.

01-23-01

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 | D | <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 | 201 CENTER RD | |
| CITY-ST-ZIP | VENICE FL 34292 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HOUGH, KAREN J | |
| STREET ADDRESS | 200 S NOKOMIS AVENUE | |
| CITY-ST-ZIP | VENICE FL | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | WEAVER, BENNY | |
| STREET ADDRESS | 1455 SOUTH TAMiami TR | |
| CITY-ST-ZIP | VENICE FL 34285 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WHOLEY, LEONARD | |
| STREET ADDRESS | 27 GOLF VIEW DR | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DITTMANN, JOSEPHINE | |
| STREET ADDRESS | 3025 PAN AMERICAN BLVD | |
| CITY-ST-ZIP | NORTH PORT FL 34287 | |

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARKINS, MICHAEL | |
| STREET ADDRESS | 4242 SOUTH TAMiami TR | |
| CITY-ST-ZIP | VENICE, FL 34293 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *Benny A. Weaver*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-23-01 (94)488-3667

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
#703477
D0015623

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
SCHARDT, CARL
1 BARBUBA ROAD
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