

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90168 030 ****61.25

DOCUMENT # 759968

1. Entity Name

H.O.P.E. OF LEE COUNTY, INC.

Principal Place of Business	Mailing Address
9470 HEALTHPARK CIR. FT MYERS FL 33908 US	9470 HEALTHPARK CIR. FT MYERS FL 33908 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2128697	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BECKWITH, SAMIRA K.
9470 HEALTHPARK CIR
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BECKWITH, SAMIRA	
STREET ADDRESS	9470 HEALTHPARK CIR	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REEVES, JIM JR. MD	
STREET ADDRESS	3840 BROADWAY	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, CHARLES	
STREET ADDRESS	12171 IONA RD	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SIDELL, MARY KAY	
STREET ADDRESS	6918 OLD WHISKEY CREEK DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHESTAG, HARVEY	
STREET ADDRESS	3451 BONITA BAY BLVD., STE 202	
CITY-ST-ZIP	BONITA SPRINGS FL 34134-4395	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKHAM, GAIL	
STREET ADDRESS	8961 CONFERENCE DR	
CITY-ST-ZIP	FORT MYERS FL 33919	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hunt, John	
STREET ADDRESS	1203 Everest Pkwy.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roepstorff, Robbie	
STREET ADDRESS	13000 S. Cleveland Ave.	
CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Teufel, Tom	
STREET ADDRESS	15681 New Hampshire Ct.	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whidden, Grover	
STREET ADDRESS	1813 Lee St.	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smalley, Ron	
STREET ADDRESS	1715 Monroe St.	
CITY-ST-ZIP	Fort Myers, FL 33901	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trippe, Gary	
STREET ADDRESS	13515 Bell Tower Rd.	
CITY-ST-ZIP	Fort Myers, FL 33907	

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: *Gina Sampson* **REQUIRED** Date: 4/20/01

CR2E037 (10/00)

Attachment

Doc. # 759968

2001 UNIFORM BUSINESS REPORT (UBR) - Attachment

D0040021

RE: DOCUMENT #759968
H.O.P.E. of Lee County, Inc.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Personette, Steve P. O. Box 370--MC 1650 Fort Myers, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Willenbacher, Leo 2201 Owanita Road Alva, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Jill Lampley 9470 HealthPark Circle Fort Myers, FL 33908