

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90129 012 \*\*\*150.00

**DOCUMENT # P97000032011**

1. Entity Name

**SOUTHWEST FLORIDA FAMILY HOMES CORPORATION**

Principal Place of Business

Mailing Address

3285 SABAL SPRINGS BLVD  
 NORTH FT MYERS FL 33917

1505 S E 40TH STREET  
 SUITE C  
 CAPE CORAL FL 33904-7913  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0752416**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~H S BLAIR & ASSOCIATES INC~~

~~1505 S E 40TH STREET  
 CAPE CORAL FL 33904~~

Name

**James W. Amburn**

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

**1505 S.E. 40th Street**

**Suite C**

City

**Cape Coral**

**FL**

Zip Code

**33904**

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]*

Signature, typed or printed name of registered agent and title if applicable

**JAMES W AMBURN**

(NOTE: Registered Agent signature required when reinstating)

**3/3/00**

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 **RIES, MARTIN**  
 STREET ADDRESS **GRUNHILDESTASSE 66**  
 CITY-ST-ZIP **D-61389 SCHMITTEN GERMANY**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GOTTSCHALK, HANS J**  
 STREET ADDRESS **FELDBERGBLICK 11 D-61389 SCHMITTEN**  
 CITY-ST-ZIP **GERMANY**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~D~~  Delete  
 NAME ~~LAROCCHI, ROBERT F~~  
 STREET ADDRESS ~~1505 SE 40TH ST STE C~~  
 CITY-ST-ZIP ~~CAPE CORAL FL 33904~~

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Herbold, Otto**  
 STREET ADDRESS **Rottwegshohl 9**  
 CITY-ST-ZIP **D/67281 Bissersheim, Germany**

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 due care empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* **02/28/00** **941-549-9499**

Date

Daytime Phone #

CR2E034 (9/99)