

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715063

1. Entity Name

HARLEM HEIGHTS IMPROVEMENT ASSOCIATION, INCORPOR

Principal Place of Business

7275 CONCOURSE DR
FT MYERS FL 33908
US

Mailing Address

10696 GLADIOLUS DRIVE SW
FT MYERS FL 33908-2619
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

7275 Concourse Dr.

Suite, Apt. #, etc.

City & State

Ft Myers, FL 33908

Zip
33908

Country

Lee

4. FEI Number

65-0323306

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

CAMPBELL, LUTHER
15655 HAGIE DR
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

Luther Campbell

Luther Campbell

4/11/2000

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

TITLE DC ☐ Delete
NAME CAMPBELL, LUTHER
STREET ADDRESS 15655 HAGIE DR
CITY-ST-ZIP FT. MYERS FL

TITLE VCD ☒ Delete
NAME VAZQUEZ, JUAN
STREET ADDRESS 4690 NEW HAVEN DR
CITY-ST-ZIP FT. MYERS FL

TITLE TD ☒ Delete
NAME COLON, CARMEN E
STREET ADDRESS 10680 CANAL STREET.
CITY-ST-ZIP FT. MYERS FL 33908

TITLE ASD ☒ Delete
NAME MAYS, MARILYN
STREET ADDRESS 15560 CODIE ST
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VCD ☒ Change ☐ Addition
NAME Virginia Rosado
STREET ADDRESS 4711 New Haven Drive
CITY-ST-ZIP Ft Myers FL 33908

TITLE TD ☒ Change ☐ Addition
NAME Jerome McGriff
STREET ADDRESS 15270 Wall Street
CITY-ST-ZIP Ft Myers FL 33908

TITLE ASD ☒ Change ☐ Addition
NAME Linda Garcia
STREET ADDRESS 15338 Codie Street
CITY-ST-ZIP Ft Myers FL 33908

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

TITLE ☐ Change ☐ 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:

Luther Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 433-2000

CR2E037 (9/99)