2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am **DOCUMENT # 703471 Secretary of State** 1. Entity Name SOUTHWEST FLORIDA CENTER FOR THE HANDICAPPED. IN 02-08-2001 90182 028 ****70 00 Principal Place of Business Mailing Address 4002 \$ TAMIAMI TRAIL 4002 S TAMIAMI TRAIL VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc. 27. 子。14. **国际**原态 City & State City & State Applied For 4. FEI Number 59-1011392 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEAVER Street Address (P.O. Box Number is Not Acceptable) -- HOUGH, KAREN J---955 NEW FORES CIR **VENICE FL 34275** City 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 01-23-0 SIGNATURE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Change ☐ Addition □ Delete **BIGELOW. ROBERT** NAME NAME STREET ADDRESS STREET ADDRESS 16 ST CROIX WAY CITY-ST-ZIP **ENGLEWOOD FL 34223** CITY-ST-ZIP ٧P TITLE Delete TITLE Change NAME SHULTZ, JACK NAME STREET ADDRESS 201 CENTER RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34292 ρD TITLE Delete -– 🔼 Change, 🚤 🗔 Addition ... NAME HOUGH, KAREN J NAME STREET ADDRESS 200 S NOKOMIS AVENUE STREET ADDRESS **VENICE FL** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME WEAVER, BENNY NAME STREET ADDRESS 1455 SOUTH TAMIAMI TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34285 TITLE **X** Delete TITLE DHARKINS, MICHAEL Change Addition WHOLEY, LEONARD NAME NAME 4242 SOUTH TAMIAMI TR STREET ADDRESS 27 GOLF VIEW DR STREET ADDRESS VENICE, FL 34293 CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34223** TITLE TITLE Change Change ☐ Addition Delete DITTMANN, JOSEPHINE NAME NAME STREET ADDRESS 3025 PAN AMERICAN BLVD STREET ADDRESS CITY-ST-78P CITY-ST-ZIP NORTH PORT FL 34287

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.

01-23-01 (9H)488-3667
Date Daytime Phone #

HACHMENT FLORIDA CENTER FOR THE HANDICAPPED, INC.

DIO15623

D Carter, Alan 2100 Tamiami Trail South Venice, FL 34293

D Dunkin, David 170 Dearborn West Englewood, FL 34223

Hinds, Ann 150 Southampton Place South Venice, FL 34293

D SCHARDT, CARL I 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