

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90008 015 \*\*\*\*70.00

0068064

**DOCUMENT # 729506**

1. Entity Name

**BIG BROTHERS/BIG SISTERS OF SOUTHWEST FLORIDA, I**

Principal Place of Business

Mailing Address

1943 MARAVILLA AVE.  
 FORT MYERS FL 33901  
 US

BIG BROTHERS BIG SISTERS  
 1943 MARAVILLA  
 FORT MYERS FL 33901  
 US

**901185**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**23-7410676**

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

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

**SAINT-SOMMER, JUDITH**  
**1943 MARAVILLA AVE.**  
**FORT MEYERS FL 33901**

**FL**

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

*Judith Saint-Sommer* Judith Saint-Sommer 1-11-01

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	SCARMOZZINO, JAMES	1775-23 RED CEDAR DR	FT MYERS FL 33907	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	MAZURKIEWICZ, JOE JR	3206 SW 7TH PL	CAPE CORAL FL 33914-5384	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PED	BOWER, MARSHALL	15031 PUNTA RASSA RD #806	FT. MYERS FL 33908	<input type="checkbox"/>	<input type="checkbox"/>
SD	NICCUUM, RIC	819 VIA DEL SOL	FORT MYERS FL 33903-1526	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CEOD	SAINT-SOMMER, JUDITH	9321 WATER LILY CT., #704	FORT MYERS FL 33919	<input type="checkbox"/>	<input type="checkbox"/>
VD	POWLEY, STEVEN	404 SE 13TH TERR	CAPE CORAL FL 33990-2616	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C/E/D	POWLEY, STEVEN	404 SE 13TH TERR	CAPE CORAL, FL 33990	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	LANDFRIED, DENNIS	5322 NAUTILUS DRIVE	CAPE CORAL, FL 33904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chairman of Board				<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	BABAR, JULIA	1259 STADLER DRIVE	CAPE CORAL, FL 33904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CEOP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/C/D	GUYITT, KATHRYN	9330 CEDAR CREEK DRIVE	BONITA SPRINGS, FL 34134	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

*Judith Saint-Sommer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01 941-278-0003  
 Date Daytime Phone #

CR2E037 (10/00)