

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90017 013 \*\*\*\*61.25

**DOCUMENT # 729506**

1. Entity Name

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

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-7410676**

Applied For

Not Applicable

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

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

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

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 **PD** ☒ Delete  
NAME **SCARMOZZINO, JAMES**  
STREET ADDRESS **1775-23 RED CEDAR DR**  
CITY-ST-ZIP **FT MYERS FL 33907**

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

TITLE **TD** ☐ Delete  
NAME **LANDFIELD, DENNIS**  
STREET ADDRESS **5322 NAUTILUS DR**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **TD** ☒ Change ☐ Addition  
NAME **LANDFRIED, DENNIS**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **COB D** ☐ Delete  
NAME **BOWER, MARSHALL**  
STREET ADDRESS **15031 PUNTA RASSA RD #806**  
CITY-ST-ZIP **FT. MYERS FL 33908**

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

TITLE **SD** ☒ Delete  
NAME **BARBAIR, JULIA**  
STREET ADDRESS **1259 STADLER DR**  
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **SD** ☐ Change ☒ Addition  
NAME **RICHARD Cumbie**  
STREET ADDRESS **1761-20 RED CEDAR DRIVE**  
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **CEO** ☐ Delete  
NAME **SAINT-SOMMER, JUDITH**  
STREET ADDRESS **9321 WATER LILY CT., #704**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VC D** ☐ Change ☒ Addition  
NAME **TINA DICHARA**  
STREET ADDRESS **15081 Canongate Drive**  
CITY-ST-ZIP **FORT MYERS, FL 33912-2442**

TITLE **CED** ☐ Delete  
NAME **POWLEY, STEVEN**  
STREET ADDRESS **404 SE 13TH TERR**  
CITY-ST-ZIP **CAPE CORAL FL 33990-2616**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUDITH SAINT-SOMMER 1/9/02 941-278-0003**

Date

Daytime Phone #

CR2E037 (9/01)