

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736238

1. Entity Name

IMMOKALEE NEIGHBORHOOD SERVICES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90121 037 ****61.25

Principal Place of Business

Mailing Address

222 NORTH 3RD STREET
IMMOKALEE FL 34142
US

P O BOX 5393
IMMOKALEE FL 34143-5393
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

59-1711633

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

HERSHEY, BENJAMIN D.
701 GLADES ST.
IMMOKALEE FL 34142

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 BELLMAN, STEPHEN H
STREET ADDRESS 550 NORTH 19TH STREET #60
CITY-ST-ZIP IMMOKALEE FL 34142

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

TITLE VPD ☐ Delete
NAME GABRIEL TYLER
STREET ADDRESS 605 BREEZEWOOD DRIVE
CITY-ST-ZIP IMMOKALEE FL 34142

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

TITLE SD ☒ Delete
NAME ANDERSON, RICHARD
STREET ADDRESS 201 NORTH 6TH STREET
CITY-ST-ZIP IMMOKALEE FL 34142

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

TITLE TD ☐ Delete
NAME HERSEY, BENJAMIN D
STREET ADDRESS 701 GLADES STREET
CITY-ST-ZIP IMMOKALEE FL 34142

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

TITLE ☐ Delete
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:

Stephen H Bellman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)