

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736238

1. Entity Name

IMMOKALEE NEIGHBORHOOD SERVICES, INC.

Principal Place of Business

Mailing Address

222 NORTH 3RD STREET
IMMOKALEE FL 34142
US

P O BOX 5393
IMMOKALEE FL 34143
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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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

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

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

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

STEPHEN H. BELLMAN 3-21-02 657-4377

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90637 045 ****61.25



DO NOT WRITE IN THIS SPACE

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