

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 737188**

1. Entity Name

**IMMOKALEE SERVICE PROGRAMS, INC.**

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90036 043 \*\*\*\*61.25

Principal Place of Business 555 COWBOY WAY P.O. BOX 2400 LA BELLE FL 33975-2400 US	Mailing Address 555 COWBOY WAY P.O. BOX 2400 LA BELLE FL 33975-2400 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-1741198</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

6. Name and Address of Current Registered Agent

**SIEMIANOWSKI, TOM**  
**982 HONEYBEE DR.**  
**NAPLES FL 33999**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DOWNING, KEN</b>	
STREET ADDRESS	<b>350 HICKPOOCHEE</b>	
CITY-ST-ZIP	<b>LABELLE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PLUMMER, WESALINE</b>	
STREET ADDRESS	<b>1001 N. 15TH ST.</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ABRIL, JIM</b>	
STREET ADDRESS	<b>ROUTE 1 BOX 1873 N/A</b>	
CITY-ST-ZIP	<b>LABELLE FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SIEMIANOWSKI, TOM</b>	
STREET ADDRESS	<b>982 HONEYBEE DR.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, MARY</b>	
STREET ADDRESS	<b>604 S. 5TH STREET</b>	
CITY-ST-ZIP	<b>IMMOKALEE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLAND, WINIFRED M</b>	
STREET ADDRESS	<b>425 DAVIS ST.</b>	
CITY-ST-ZIP	<b>LABELLE FL 33935</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Winifred M. Holland* 01/27/00 863/674-4056  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)