

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91376 016 ****61.25

DOCUMENT # 759968

1. Entity Name

HOPE OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

**9470 HEALTHPARK CIR.
FT MYERS FL 33908
US**

Mailing Address

**9470 HEALTHPARK CIR.
FT MYERS FL 33908
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 **59-2128697**

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

**BECKWITH, SAMIRA K.
9470 HEALTHPARK CIR
FT. MYERS FL 33908**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BECKWITH, SAMIRA**
STREET ADDRESS **9470 HEALTHPARK CIR**
CITY-ST-ZIP **FT. MYERS FL 33908**

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

TITLE **D** ☐ Delete
NAME **HUNT, JOHN**
STREET ADDRESS **1203 EVEREST PKWY.**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

TITLE **D** ☐ Delete
NAME **ROEPSTORFF, ROBBIE**
STREET ADDRESS **13000 S. CLEVELAND AVE.**
CITY-ST-ZIP **FORT MYERS FL 33907**

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

TITLE **M** ☐ Delete
NAME **LAMPLEY, JILL**
STREET ADDRESS **9470 HEALTHPARK CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33908**

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

TITLE **D** ☐ Delete
NAME **WHIDDEN, GROVER**
STREET ADDRESS **1813 LEE ST.**
CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE **VC** ☐ Delete
NAME **SMALLEY, RON**
STREET ADDRESS **PO BOX280**
CITY-ST-ZIP **FORT MYERS FL 33902**

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 Required

4-18-03

CR2E037 (10/02)

2003 UNIFORM BUSINESS REPORT (UBR) - Attachment

RE: DOCUMENT #759968 (HOPE of Southwest Florida, Inc.)

90110023

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Beckwith, Samira 9470 HealthPark Circle Fort Myers, FL 33908 <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Whidden, Grover 1813 Lee St. Fort Myers, FL 33901 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lampley, Jill 9470 HealthPark Circle Fort Myers, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Personette, Steve P. O. Box 370--MC 1650 Fort Myers, FL 33902 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Smalley, Ron P. O. Box 280 Fort Myers, FL 33902 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Schestag, Harvey R. 3451 Bonita Bay Blvd., Ste. 202 Bonita Springs, FL 34134-4395 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Trippe, Gary P. O. Box 60139 Fort Myers, FL 33906 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hunt, John 1203 Everest Pkwy. Cape Coral, FL 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ackert, Richard C. 1530 heitman Street Fort Myers, FL 33901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'Alessandro, Frank 13131 University Dr. Fort Myers, FL 33907 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Giles, Thomas H. 1620 Cape Coral Parkway Cape Coral, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Idelson, Charles 12751 New Brittany Blvd. Fort Myers, FL 33907 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Markham, Gail 8961 Conference Dr. Fort Myers, FL 33919 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roepstorff, Robbie 13000 S. Cleveland Ave. Fort Myers, FL 33907 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Turbeville, Larry P. O. Box 60011 Fort Myers, FL 33906 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wigley, Robert 800 Seatant Drive, #3 Sanibel, FL 33957 <input type="checkbox"/> Change <input type="checkbox"/> Addition		