

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763453

1. Entity Name

HANDICAPPED IN ACTION, INC., OF NAPLES, FLORIDA

Principal Place of Business

621 SOIL ST.
NAPLES FL 34109

Mailing Address

621 SOIL ST.
NAPLES FL 34109

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

59-2323369

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOLLAREK, ELIZABETH
4099 TAMiami TRAIL NORTH
SUITE 311
NAPLES FL 33940

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

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

TITLE PD
NAME STETKEWICZ, ROBERT E
STREET ADDRESS 621 SOLL STREET
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE TD
NAME CRAIN, BONNIE
STREET ADDRESS 6302 SHADOWOOD CIRCLE
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE VD
NAME WILSON, JOSEPH
STREET ADDRESS 723 PALM VIEW DR.
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE SD
NAME HENRY, BEVERLY
STREET ADDRESS 1768 WELLESLEY CIRCLE
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TD
NAME SORJA BALL
STREET ADDRESS RAME-SORJA-HAMMOCK RD
CITY-ST-ZIP NAPLES, FL 34114 ☒ Change ☒ Addition

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

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

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

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 REQUIRED

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90004 049 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

1/5/01 (84) 577-1011

Attachment
DH 763453
A0099902

7-23-01

SORRY THIS IS
LATE. DUE ILLNESS.
BETWEEN HOSPITAL
AND STAY IN BED.

THANK YOU
R.E. Stehewing