

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 27, 2002 8:00 am  
Secretary of State

02-27-2002 90028 008 \*\*\*\*61.25

DOCUMENT # N00000000797

1. Entity Name

**FLORIDA INTERFAITH/INTERAGENCY NETWORKING IN DIS  
ASTER OF LEE COUNTY, INC.**

Principal Place of Business

Mailing Address

% LEE COUNTY EMERGENCY MANAGEMENT  
2665 ORTIZ AVENUE  
FORT MYERS FL 33905

PO BOX 7553  
FT MYERS FL 33911-7553

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

65-0940534

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

SCHMIDT, EDWARD A.  
1923 SE 31ST STREET  
CAPE CORAL FL 33904-4047

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMIDT, EDWARD A. 1923 31ST STREET CAPE CORAL FL 33904-4047	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WRIGHT, ALBERT 12184 DOLPHIN ROAD BOKEELIA FL 33922	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, LORNA 1685 S. HERMITAGE ROAD FT. MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, ARTHUR C. 3398 EDGEWOOD AVENUE FT. MYERS FL 33916	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNING, KEITH RED CROSS, 2516 COLONIAL BLVD., SUITE 201 FT. MYERS, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM FLOYD EMER. MGMT., 2665 ORTIZ AVE. FT. MYERS, FL 33902-0398	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RORER, MERYL VOL. LGE, 3600 EVANS AVE. FT. MYERS, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCALLE, PATRICIA SALV. ARMY, 10291 MCGREGOR BLVD. FT. MYERS, FL 33919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D DR. BRUCE EBERT GLGA-FT. MYERS SHOES UMC, 14056 MATANZAS DR. FT. MYERS, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICCOLO, SUZANNE LEG DNS, 83 PONDELLA RD., SUITE 1 N. FT. MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Edward A. Schmidt* RECEIVED EDWARD A. SCHMIDT 2/14/02 941/540-8069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

**2002 Uniform Business Report  
Document #N00000000797**

Attachment  
Document #

N00000000797  
743694

**11. Continued**

D

Addition

Galvano, Betty  
St. Francis Xavier Cath. Ch., 2157 Cleveland Ave.  
Ft. Myers, FL 33901

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Addition

Rev. Tom Brenner  
Cape Coral Hospital, 636 Del Prado Blvd.  
Cape Coral, FL 33990

D

Addition

Ludlum, John  
2665 Ortiz Ave.  
Ft. Myers, FL 33902-0398