

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12626

1. Entity Name

IMMOKALEE NON-PROFIT HOUSING, INC.

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90011 029 ****61.25

Principal Place of Business

2449 SANDERS PINES CIR.
IMMOKALEE FL 34142
US

Mailing Address

2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142
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

59-2716833

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

RAMSEY, MICHAEL R
2449 SANDERS PINES CIRCLE
IMMOKALEE FL 34142

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BELIVEAU, DARBY
565 ANCHOR RODE DRIVE
NAPLES FL 33940 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
OLGA, HERNANDEZ
P.O. BOX 700 N/A
IMMOKALEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
NEWSOME, ROBERT
1302 N.15TH ST.
IMMOKALEE FL 33934 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PADILLA, GLORIA
402 W MAIN ST
IMMOKALEE FL 34142 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MATTHEWS, JOSEPH
1111 EAST MAIN ST
IMMOKALEE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KELLEHER, MAUREEN
1402 W NEW MARKET RD #8
IMMOKALEE FL 34142 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

Date

Daytime Phone #

2-15-02 94-657-8333

CR2E037 (9/01)