

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22470

1. Entity Name

IMMOKALEE FRIENDSHIP HOUSE, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90179 030 ****70.00

Principal Place of Business

602 W. MAIN STREET
IMMOKALEE FL 33934

Mailing Address

602 W. MAIN STREET
IMMOKALEE FL 34142-3937

2. Principal Place of Business

602 W Main St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Immokalee FL

City & State

Zip

34142

Country

Zip

Country

4. FEI Number

65-0025941

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAUDISE, EDWARD R.
47 MAHOGANY DR.
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name

Laudise Edward R

Street Address (P.O. Box Number is Not Acceptable)

199 WEST WOOD DRIVE

City

Naples

FL

Zip Code

34110

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

E. Laudise Ed Laudise EXECUTIVE DIRECTOR

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/5/00

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 ☐ Delete

NAME TD
MADDEN, FRANK
STREET ADDRESS 535 BEACHWALK CIRCLE
CITY-ST-ZIP NAPLES FL 34108

TITLE ☒ Delete

NAME SDD
RUTTMAN, JERRY
STREET ADDRESS 528 RETREAT DR APT 104
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ Delete

NAME D
BREINIG, AL
STREET ADDRESS 220 SOUTH COLLIER BLVD. #801
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Delete

NAME PD
GUNNAR PEDERSON
STREET ADDRESS 27749 TAYLOR DRIVE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☒ Delete

NAME D
MAHR, DEBBIE
STREET ADDRESS 6667 MANGROVE
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete

NAME ED
LAUDISE, ED
STREET ADDRESS 47 MAHOGANY DRIVE
CITY-ST-ZIP NAPLES FL 34108

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME SDD
Deb Mahr
STREET ADDRESS 6667 Mangrove Drive
CITY-ST-ZIP Naples FL 34109

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME PD
LARRY Mullins
STREET ADDRESS 3885 Huelva Court
CITY-ST-ZIP Naples FL 34109

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME ED
LAUDISE ED
STREET ADDRESS 199 WESTWOOD DRIVE
CITY-ST-ZIP NAPLES FL 34110

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/00

Date

941 657 4090

Daytime Phone #