

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22470

1. Entity Name

IMMOKALEE FRIENDSHIP HOUSE, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90064 034 ****70.00

Principal Place of Business

602 W. MAIN STREET
IMMOKALEE FL 33934

Mailing Address

602 W. MAIN STREET
IMMOKALEE FL 33934

2. Principal Place of Business

602 West Main St.

Suite, Apt. #, etc.

3. Mailing Address

602 West Main St.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Immokalee, FL

Zip
34142

Country

City & State

Immokalee, FL

Zip
34142

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.
199 WESTWOOD DR
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name

Laudise, Edward R.

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

199 Westwood 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

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

Executive Director

(NOTE: Registered Agent signature required when reinstating)

1/29/01

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
TD
MADDEN, FRANK
535 BEACHWALK CIRCLE
NAPLES FL 34108 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDD
MAHR, DEB
6667 MANGROVE DRIVE
NAPLES FL 34109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MULLINS, LARRY
3885 HUELVA CT
NAPLES FL 34109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAWSON, CHUCK
1285 GULFSHORE BLVD APT 7C
NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ED
LAUDISE, ED
199 WESTWOOD DRIVE
NAPLES FL 34110 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TO
GARY WRAGE
1400 N. 15th St.
Immokalee, FL 34142 ☐ 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 941-657-4090

Date

Daytime Phone #

CR2E037 (10/00)