

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22470

1. Entity Name

IMMOKALEE FRIENDSHIP HOUSE, INC.

Principal Place of Business

602 WEST MAIN ST.
IMMOKALEE FL 34142

Mailing Address

602 WEST MAIN ST.
IMMOKALEE FL 34142

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

65-0025941

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

LAUDISE, EDWARD R.
199 WESTWOOD DR
NAPLES FL 34110

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
TD
WRAGE, GARY
1400 N. 15TH ST.
IMMOKALEE FL 34142 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SDD
MAHR, DEB
6687 MANGROVE DRIVE
NAPLES FL 34109 ☐ Delete

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

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
☐ Change ☐ Addition

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

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

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
Vice-President-Director
Edward Olesky
6001 Lake Trafford Rd
Immokalee, FL 34142 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ed Laudise
173 Sharwood Dr
Naples FL 34110 ☒ 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

1/8/02

Date

941 657 4090

Daytime Phone #

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90052 022 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)