2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N33010

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

3744 SE 12TH AVE., APT. 103

HEMLOCK SOCIETY OF SOUTHWEST FLORIDA. INC.



FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90221 031 ****61.25

Principal Place of Business

% HAROLD DEIBLER

Mailing Address

% HAROLD DEIBLER 3744 SF 12TH AVE. APT. 103

| CAPE CORAL FL 33904-4783 | | CAPE CORAL FL 33904-4783 | | | | | | |) | 61 0 11 1 16 1 | | |
|---|----------------------------------|--|-----------------|--|---------------------|---|------------------------|-----------|--|------------------------------|--|--|
| 2 Principal Place of Business bleiblen | | 3. Mailing Address 6 HAROLD DEPOLEN | | | 1 | | | | | | | |
| Suite, Apt. #, etc. 3744 Ave Add 103 31443 | | | SEIX WHEAPT 103 | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | | |
| Sity & State | CORAL FI | City & State COL | FI | | Not | | | | Applicable | | | |
| 33904-4783 Country | | 33904-4783 | | ountry | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | | |
| | 6. Name and Address of Current F | | | . 7. Name and Addre | ss of New Registere | d Age | ent | | | | | |
| - | | | | | Name | | | | | | | |
| DEIBLER, HAROLD | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| 3744 SE 12TH AVE | | | | | | | | | | | | |
| APT. 103 | | | | | | | | | | | | |
| CAPE CO | | City | | | | F | Ē | Zip Code | | | | |
| | | · · · · · · · · · · · · · · · · · · · | - 1 | -1 - <i>H</i> : | -1-4 | -d accet or both in th | _ | | niliar with a | nd accent | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | |
| the obligations of registered agent. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| FILE NOW: FEE IS \$61.25 9. Election Campaign F Trust Fund Contributi | | | | |] | \$5.00 May Be Added to Fees | Make Ch Florida Deg | | | | | |
| | | | | | | | · | | | | | |
| 10. | OFFICERS AND DIF | RECTORS | 11. | | Ā | ADDITIONS/CHANGES | S TO OFFICERS AND | DIRE | CTORS IN | | | |
| TITLĒ | D | ☐ Delete | TITLE | \mathcal{D} |) | NALDI MI | ARGUEFIT | E | Change | Addition | | |
| NAME | Norton, Elizabeth | | NAME | | M | NITION | pate Of | | | l | | |
| STREET ADDRESS | 26 WATER OAKS WAY | | | ET ADDRESS | 216 | 183 July | | | | l | | |
| CITY-ST-ZIP | NAPLES FL 34105 | | CITY- | -ST-ZIP | EST | HERO FI | 33928 | | | | | |
| TITLE | DRS | ☐ Delete | TITLE | באין | EIS | K MANCY, | 7 a | |] Change | Addition | | |
| NAME | FISK, NANCY | | NAM | | 125 | K MANCY WCOIDSH | ZEAMIL | | | | | |
| STREET ADDRESS | 12561 COLDSTREAM DR | | STRE | ET ADDRESS | سيد ا | 1 000-100 | F/ 3391 | 2 | | | | |
| _CITY - ST - ZIP | FORT_MYERS_FL_33912 | ما تحديث أستن الكناس إلى الله الله الله الله الله الله الله ال | CITY | -ST-ZIP. | <u>FOR</u> | J. IIIYERS | | | | | | |
| TITLE | PD | ☐ Delete | TITLE | | PÙ | | 7- | _ | Change | Addition | | |
| NAME | BERMAN, W. I. | | NAM | E , | BE | RMAN W. LI BENTR CT MYEKO | - Corte | ; | | | | |
| STREET ADDRESS | 1721 BENT TREE CIRCLE | | STRE | ET ADDRESS | 170 | LI DEHTIR | | - Man- | 7 | | | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | | CITY | | | | | | <u> </u> | | | |
| TITLE | D | ☐ Delete | TITU | : I, | 1.00 | DEALICE | • | [| Change | ☐ Addition | | |
| NAME | LOWE, ALICE | | MAM | E / | 11 | Doub look | I WAY | , | | | | |
| STREET ADDRESS | 21 DOUB LOON WAY | | | ET ADDRESS | gen 1 Conn | DEMICE DOUBLOOK HMYERS. | BEACH Fl | 33 | 3931 | | | |
| CITY-ST-ZIP | FORT MYERS BEACH FL 33931 | | CITY | -ST-ZIP | OK | Fillyen | | | | | | |
| TITLE | D | ☐ Delete | TITLE | E , | D_ | 1000 | - I | [| Change | ☐ Addition | | |
| NAME | DAMON, CAROL | • | NAM | E | Dis | mou CA | 9mas De | , | | | | |
| STREET ADDRESS | 28471 LAS PALMAS CIR. | | STRE | ET ADDRESS | <u> 28</u> 4 | MOU CHE | as El | | / | | | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34136 | | CITY | -ST-ZIP | Bon | HITH DPNM | 45 1 34 | 13 | 6 | | | |
| TITLE | VPT | ☐ Delete | TITL | E 1 | VP | Tilled | proofd unt | [| Change | ☐ Addition | | |
| , IIILE | DEIDI ED HADOLD | | NAM | | של | BIERNY | ALC Ant | - 1008 | 2 | | | |

CAPE CORAL FL 33904-4783 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURES!