

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State
 04-16-2001 90043 042 ****61.25

DOCUMENT # N34562

1. Entity Name

SOUTHWEST FLORIDA HOUSING, INC.

Principal Place of Business

%PATRICIA MORAN
 14170 WARNER CIRCLE NW
 NORTH FT. MYERS FL 33903

Mailing Address

%PATRICIA MORAN
 14170 WARNER CIRCLE NW
 NORTH FT. MYERS FL 33903

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

59-2970569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MORAN, PATRICIA
14170 WARNER CIRCLE NW
NORTH FT. MYERS FL 33903

7. Name and Address of New Registered Agent

Name

Carolee F. Cole

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

14170 Warner Circle, NW

City

North Fort Myers

FL

Zip Code

33903

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

Carolee F. Cole

Carolee F. Cole, Ex. Dir.

April 10, 2001

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 **PD** ☐ Delete
 NAME **WARNER, VIRGINIA F.**
 STREET ADDRESS **4324 SE 16TH PL**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VD** ☐ Delete
 NAME **WILLIAMS, MATTIE LER**
 STREET ADDRESS **3109 E. MARKET ST**
 CITY-ST-ZIP **FT MYERS FL**

TITLE **STD** ☐ Delete
 NAME **MCCUTCHEON, MACK "PAT"**
 STREET ADDRESS **2633 LAFAYETTE STREET**
 CITY-ST-ZIP **FT. MYERS FL**

TITLE **ED** ☒ Delete
 NAME **MORAN, PATRICIA**
 STREET ADDRESS **5224-4 CEDARBEND DR**
 CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **Executive Director**
 STREET ADDRESS **Carolee F. Cole**
 CITY-ST-ZIP **741 Bentley St. E.**
Lehigh Acres, FL 33936

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

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

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:

Carolee F. Cole
Carolee F. Cole
Executive Director

04/10/01

Date

941/997-6688

Daytime Phone #

CR2E037 (10/00)