

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000141

1. Entity Name

HOMES FOR ALL, INC.

Principal Place of Business

1951 GROVE AVE  
FORT MYERS FL 33901

Mailing Address

1951 GROVE AVE  
FORT MYERS FL 33901-7924

2. Principal Place of Business

13180 N CLEVELAND AVE

3. Mailing Address

13180 N. CLEVELAND AVE

Suite, Apt. #, etc.

Suite # 136

Suite, Apt. #, etc.

Suite 136

City & State

N. Ft. MYERS, FL.

City & State

N. Ft MYERS FL

Zip

33903

Country

Lee

Zip

33903

Country

Lee

4. FEI Number

65-0719616

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHELLMAN, ROBERT F  
1951 GROVE AVE  
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name  
ROBERT F. SHELLMAN

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

13180 N. CLEVELAND AVE

Suite # 136

City

N. Ft 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 Robert F. Shellman Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

28 Feb'00

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 P  
NAME SHELLMAN, ROBERT F  
STREET ADDRESS 1951 GROVE AVE  
CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete

TITLE VP  
NAME CAMENTZ, AL  
STREET ADDRESS 13500 SIESTA AVE., PINE COURT, UNIT 302  
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

TITLE SD  
NAME GRIFFIN, MIKE  
STREET ADDRESS 420 SW 33RD TERRACE  
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE EDT  
NAME FRENCH, JOHN  
STREET ADDRESS 1505 JEFFERSON AVE  
CITY-ST-ZIP FORT MYERS FL 33901 ☐ Delete

TITLE T  
NAME HUTTON, PATRICK  
STREET ADDRESS 1226 SW 51 STREET  
CITY-ST-ZIP CAPE CORAL FL 33914 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME ROBERT F. SHELLMAN  
STREET ADDRESS 13180 N. CLEVELAND AVE Suite # 136  
CITY-ST-ZIP N. Ft. MYERS FL. 33903

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: Robert F. Shellman DATE: 28 Feb'00 DAYTIME PHONE: 941-656-4255

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)