

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N97000000141**

1. Entity Name

**HOMES FOR ALL, INC.**

Principal Place of Business

**13180 N CLEVELAND AVE., STE 136  
N. FORT MYERS FL 33903**

Mailing Address

**13180 N CLEVELAND AVE., STE 136  
N. FORT MYERS FL 33903**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

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  
13180 N CLEVELAND AVE., STE 136  
N. FORT MYERS FL 33903**

7. Name and Address of New Registered Agent

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHELLMAN, ROBERT F</b>	
STREET ADDRESS	<b>13180 N CLEVELAND AVE., STE 136</b>	
CITY-ST-ZIP	<b>N. FORT MYERS FL 33903</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CAMENTZ, AL</b>	
STREET ADDRESS	<b>13500 SIESTA AVE., PINE COURT, UNIT 302</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33908</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, MIKE</b>	
STREET ADDRESS	<b>420 SW 33RD TERRACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

TITLE	<b>EDT</b>	<input type="checkbox"/> Delete
NAME	<b>FRENCH, JOHN</b>	
STREET ADDRESS	<b>1505 JEFFERSON AVE</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HUTTON, PATRICK</b>	
STREET ADDRESS	<b>1226 SW 51 STREET</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: ROBERT F. SHELLMAN****2 JAN '01****941-656-4255**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90072 023 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)