

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

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

02-13-2003 90255 039 ****61.25

DOCUMENT # N97000000732

1. Entity Name

HUMANITARIAN MEDICAL RELIEF, INC.



Principal Place of Business

**3309 SOUTH BROADWAY
FT. MYERS FL 33901**

Mailing Address

**3309 SOUTH BROADWAY
FT. MYERS FL 33901**

10020111



2. Principal Place of Business

17595 S. TAMiami TR.

3. Mailing Address

17595 S. TAMiami TR.

Suite, Apt. #, etc.

200.18

Suite, Apt. #, etc.

200.18

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33908

Country

USA

Zip

33908

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0724974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BROW, JERRY L
3309 SOUTH BROADWAY
FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

BROW, JERRY

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

17595 S. TAMiami TR.

SUITE 200.18

City

FT MYERS

FL

Zip Code

33908

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.

SIGNATURE , President

DATE **2/7/03**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **BROW, JERRY**
STREET ADDRESS **3309 SOUTH BROADWAY**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **T** ☐ Delete
NAME **REIFF, BRENT**
STREET ADDRESS **737 SW 5TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **T** ☐ Delete
NAME **DIAMOND, MIKE**
STREET ADDRESS **301 SE 15TH TERRACE**
CITY-ST-ZIP **CAPE CORAL FL 33910**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **T** ☐ Change ☒ Addition
NAME **STAHLER BONNIE**
STREET ADDRESS **17595 S. TAMiami TR**
CITY-ST-ZIP **STE 200.18 FT. MYERS FL 33908** ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
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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: **SIGNATURE PROVIDED**

DATE **2/7/03** TELEPHONE **239-278-3545**

CR2E037 (10/02)