

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005492

1. Entity Name

SOCIETY FOR HANDICAPPED ACHIEVEMENT, REHABILITATION AND EMPOWERMENT INC.

Principal Place of Business

5435 RATTLESNAKE HAMMOCK RD.
SUITE E-107
NAPLES FL 34113

Mailing Address

5435 RATTLESNAKE HAMMOCK RD.
SUITE E-107
NAPLES FL 34113

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

59-3536794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVISON, DANIEL R
5435 RATTLESNAKE HAMMOCK ROAD, STE E107
NAPLES FL 34113

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 ED
NAME DAVISON, DANIEL A ☐ Delete
STREET ADDRESS 5435 RATTLESNAKE HAMMOCK RD., SUITE E107
CITY-ST-ZIP NAPLES FL 34113

TITLE PD
NAME MASLACH, JOE ☒ Delete
STREET ADDRESS 5023 TAMiami TRAIL EAST, J-1
CITY-ST-ZIP NAPLES FL 34113

TITLE VD
NAME ROOT, STEVE ☒ Delete
STREET ADDRESS 3741 COTTON GREEN PATH DRIVE
CITY-ST-ZIP NAPLES FL 34114

TITLE SD
NAME JOHNSON, JAN ☒ Delete
STREET ADDRESS 5835 WHISPERWOOD COURT
CITY-ST-ZIP NAPLES FL 34110

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 PD
NAME Jay Stephens ☒ Change ☐ Addition
STREET ADDRESS 4580 Audover Way
CITY-ST-ZIP Naples, FL 34113

TITLE VD
NAME Timothy M. Timmer ☒ Change ☐ Addition
STREET ADDRESS 1 Watercolor Way
CITY-ST-ZIP Naples, FL 34113

TITLE TD
NAME Steve Root ☐ Change ☒ Addition
STREET ADDRESS 3741 Cotton Green Path Drive
CITY-ST-ZIP Naples, FL 34114

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02

(941)
775-9652

Date

Daytime Phone #

CR2E037 (9/01)