

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002074

1. Entity Name

DIRECTORS OF VOLUNTEER SERVICES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

3301 E. TAMiami TRAIL
NAPLES FL 34112

Mailing Address

PO BOX 912
ESTERO FL 33928

2. Principal Place of Business

2350 McGregor Boulevard

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Zip

33901

Country

Lee

Country

4. FEI Number

65-0907574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWNEY, SHARON
3301 E. TAMiami TRAIL
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name: Judith Donlan

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

2350 McGregor Boulevard

City

Fort Myers

FL

Zip Code

33901

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

Judith Donlan

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DOWNEY, SHARON 3301 E. TAMiami TRAIL NAPLES FL 34112	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOBECK-BADOR, EILEYN 2285 FIRST ST FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SISSON, EVE 3410 PALM BEACH BLVD FT MYERS FL 33916	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DONLAN, JUDITH 2350 MCGREGOR BLVD FT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Soback-Bador, Eileyn 2285 First Street Fort Myers, FL 33901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Janet Hammerbocker 5820 Buckingham Road Fort Myers, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Judith Donlan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (239) 461-2686

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)