

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

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

02-13-2003 90255 020 \*\*\*\*61.25

**DOCUMENT # N99000002074**

1. Entity Name

**DIRECTORS OF VOLUNTEER SERVICES OF SOUTHWEST FLO  
RIDA, INC.**



Principal Place of Business

**2350 MCGREGOR BLVD.  
FORT MYERS FL 33901**

Mailing Address

**PO BOX 912  
ESTERO FL 33928**

2. Principal Place of Business

**3410 Palm Beach Blvd.**

3. Mailing Address

**P O Box 1411**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Fort Myers, FL**

City & State

**Fort Myers, FL**

Zip

**33916**

Country

**USA**

Zip

**33902**

Country

**USA**

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

**DONLAN, JUDITH  
2350 MCGREGOR BLVD.  
FORT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

**Eve Sisson**

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

**3410 Palm Beach Blvd.**

City

**Fort Myers**

**FL**

Zip Code

**33916**

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 **(Eve Sisson)**

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

(NOTE: Registered Agent signature required when reinstating)

**02/11/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HOMMERBOCKER, JANET</b>	
STREET ADDRESS	<b>5820 BUCKINGHAM RD.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33905</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SOBECK-BADOR, EILEYN</b>	
STREET ADDRESS	<b>2285 FIRST ST</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33901</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>SISSON, EVE</b>	
STREET ADDRESS	<b>3410 PALM BEACH BLVD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33916</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>DONLAN, JUDITH</b>	
STREET ADDRESS	<b>2350 MCGREGOR BLVD</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33901</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>DT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sisson, Eve</b>	
STREET ADDRESS	<b>3410 Palm Beach Blvd.</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33916</b>	
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Donlan, Judith</b>	
STREET ADDRESS	<b>2350 McGregor Blvd.</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33901</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rorer, Meryl</b>	
STREET ADDRESS	<b>3600 Evans Ave.</b>	
CITY-ST-ZIP	<b>Fort Myers, FL 33901</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Grimm, Libby</b>	
STREET ADDRESS	<b>P O Box 1580</b>	
CITY-ST-ZIP	<b>Sanibel, FL 33957</b>	

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:

**(Eve Sisson)**

**02/11/03**

**239-461-7447**

Date

Daytime Phone #

CR2E037 (10/02)