

2000 UNIFORM BUSINESS REPORT (UBR)

9/11/00-90009-049-\$61.25-\$61.25

DOCUMENT # N99000004241

1. Entity Name **HOME OWNERSHIP RESOURCE CENTER OF LEE COUNTY, IN**

Principal Place of Business

3406 PALM BCH BLVD.
FT. MYERS FL 33916

Mailing Address

3406 PALM BCH BLVD.
FT. MYERS FL 33916

2. Principal Place of Business

1625 HENDRIX ST

3. Mailing Address

1625 HENDRIX ST

Suite, Apt. #, etc.

#301

Suite, Apt. #, etc.

#301

City & State

FT MYERS, FL

City & State

FT MYERS, FL

Zip

33901

Country

LEE

Zip

33901

Country

LEE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



00 OCT -5 AM 10:22

6. Name and Address of Current Registered Agent

ROEDER, MICHAEL E
3406 PALM BCH BLVD.
FT. MYERS FL 33916

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. ☒ 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

Michael E Roeder

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/4/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	BEAZELL, TOBY	
STREET ADDRESS	3406 PALM BCH BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAREH, AHMAD	
STREET ADDRESS	3406 PALM BCH BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROEDER, MICHAEL E	
STREET ADDRESS	3406 PALM BCH BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, JACK	
STREET ADDRESS	3406 PALM BCH BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAUGHT, DOUG	
STREET ADDRESS	3406 PALM BCH BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT JR.	
STREET ADDRESS	3406 PALM BCH BLVD.	
CITY-ST-ZIP	FT. MYERS FL 33916	

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
NAME	
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:

Michael E Roeder
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/4/00

941-334-2022

CR2E037 (5/00)