

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

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90019 022 \*\*\*\*61.25

**DOCUMENT # N99000004241**

1. Entity Name

**HOME OWNERSHIP RESOURCE CENTER OF LEE COUNTY, IN C.**



Principal Place of Business

**3281 PALM BEACH BLVD  
FORT MYERS FL 33916**

Mailing Address

**3281 PALM BEACH BLVD  
FORT MYERS FL 33916**

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 **65-1047226**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT W JR  
HOME OWNERSHIP RESOURCE CENTER  
3281 PALM BEACH BLVD  
FORT 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. 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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DV** ☐ Delete  
NAME **REILLY, JAMES A**  
STREET ADDRESS **3281 PALM BEACH BLVD**  
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **D** ☒ Delete  
NAME **SKINNER, KIM**  
STREET ADDRESS **3281 PALM BEACH BLVD**  
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **DC** ☐ Delete  
NAME **ROEDER, MICHAEL E**  
STREET ADDRESS **3281 PALM BEACH BLVD**  
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **D** ☐ Delete  
NAME **PEREIRA, MOE**  
STREET ADDRESS **3281 PALM BEACH BLVD**  
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **DP** ☐ Delete  
NAME **VAUGHT, DOUG**  
STREET ADDRESS **3281 PALM BEACH BLVD**  
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **DST** ☐ Delete  
NAME **WILLIAMS, ROBERT JR.**  
STREET ADDRESS **3281 PALM BEACH BLVD**  
CITY-ST-ZIP **FT. MYERS FL 33916**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
NAME **YOUNG, CHESTER**  
STREET ADDRESS **2025 WEST FIRST STREET**  
CITY-ST-ZIP **FT. MYERS, FL, 33901**

TITLE **D** ☐ Change ☒ Addition  
NAME **GILLESPIE, CHERI**  
STREET ADDRESS **8595 COLLEGE PKWY**  
CITY-ST-ZIP **FT. MYERS, FL, 33919**

TITLE **D** ☐ Change ☒ Addition  
NAME **~~ROBERT~~ SHELLMAN, ROBERT**  
STREET ADDRESS **13180 NORTH CLEVELAND AVE #136**  
CITY-ST-ZIP **NORTH FT. MYERS, FL 33903**

TITLE **D** ☐ Change ☐ Addition  
NAME **GILLIGAN, TREVA**  
STREET ADDRESS **P.O. Box 2854**  
CITY-ST-ZIP **FT. MYERS, FL, 33902-2854**

TITLE **D** ☐ Change ☐ Addition  
NAME **BUSCHLE, KEN**  
STREET ADDRESS **43 BARKELEY CIRCLE**  
CITY-ST-ZIP **FT MYERS, FL 33997**

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: **Robert Williams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 6, 2003 (239)768-2013**  
Date Telephone #

CR2E037 (10/02)