

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000007489
1. Entity Name Lee County Coalition
for the Homeless, Florida, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Lee County
Suite, Apt. #, etc.
City & State Fort Myers, FL
Zip 33971 Country USA

3. Mailing Address 10051 McGregor Blvd.
Suite, Apt. #, etc. Suite 107
City & State Fort Myers, FL
Zip 33971 Country USA

4. FEI Number 65-0988206
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Roy Quimby
Street Address (P.O. Box Number is Not Acceptable) 4303 Fourth St. W.
City Lehigh Acres FL Zip Code 33971

**DO NOT WRITE
IN THIS SPACE**

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 *Roy Quimby* Executive Director DATE 3-26-02
(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR
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	<input checked="" type="checkbox"/> P H. Randall Bixler 2516 Grand Ave. Fort Myers, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005509812--1 -05/14/02--01060--021 *****61.25 *****61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> V Irene Giniat 9250 College Parkway Suite 3 Fort Myers, FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005509812--1 -05/14/02--01060--022 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> S Tara Haupt 2400 Edison Ave Fort Myers, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> T Mary Jan Frick 2516 Grand Ave. Fort Myers, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>4/95/10</i>

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Roy Quimby* DATE 3-26-02 239-418-1007

CR2E037B (12/01)