

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90023 038 ****70.00

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1. Entity Name

LEE COUNTY COALITION FOR THE HOMELESS, FLORIDA, INC.



Principal Place of Business

**10051 MCGREGOR BLVD
SUITE 107
FORT MYERS FL 33971**

Mailing Address

**10051 MCGREGOR BLVD
SUITE 107
FORT MYERS FL 33971**

40004113



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0988206**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUIMBY, ROY
4303 FOURTH ST W
LEHIGH ACRES FL 33971**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
NAME **IXLER, H RANDALL**
STREET ADDRESS **2516 GRAND AVE**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **DP** ☒ Change ☐ Addition
NAME **HAULA STREYFEELER**
STREET ADDRESS **PO BOX 60401**
CITY-ST-ZIP **FT. MYERS, FL 33906**

TITLE **DV** ☒ Delete
NAME **GINIAT, IRENE**
STREET ADDRESS **9250 COLLEGE PARKWAY SUITE 3**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **DV** ☒ Change ☐ Addition
NAME **MARY JAN FRICK**
STREET ADDRESS **2516 GRAND AVE**
CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **DS** ☒ Delete
NAME **HAUPT, TARA**
STREET ADDRESS **2400 EDISON AVE**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **DS** ☒ Change ☐ Addition
NAME **BOVERLY JOHANSON**
STREET ADDRESS **4610 TICE ST**
CITY-ST-ZIP **FT MYERS, FL 33905**

TITLE **DT** ☒ Delete
NAME **FRICK, MARY JAN**
STREET ADDRESS **2516 GRAND AVE**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **DT** ☐ Change ☐ Addition
NAME **TARA HAUPT**
STREET ADDRESS **2400 EDISON AVE**
CITY-ST-ZIP **FT. MYERS, FL 33901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03
Date

139-418-1007
Telephone Number

CR2E037 (10/02)