

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013499

1. Entity Name

CREATIVE HOMES OF SOUTHWEST FLORIDA, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90035 029 ***158.75

Principal Place of Business

Mailing Address

1805 COUNTY RD. #951
SUITE F
NAPLES FL 34116
US

1805 COUNTY RD. #951
SUITE F
NAPLES FL 34116
US

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

65-0554763

Applied For

Not Applicable

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

ANDERSON, DAVID F ESQ.
80 SW 8TH STREET
STE 2804
MIAMI FL 33130

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME VALLE, MARIO
STREET ADDRESS 15360 SHAMROCK DRIVE
CITY-ST-ZIP FT. MYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS 961 Murcott Drive
CITY-ST-ZIP Naples FL 34120 ☒ Change ☐ Addition

TITLE PS
NAME HUSS, LAWRENCE
STREET ADDRESS 15360 SHAMROCK DRIVE
CITY-ST-ZIP FT. MYERS FL 33912 ☐ Delete

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

TITLE VT
NAME ROHDE, JUDITH D.
STREET ADDRESS 17557 ALLENTOWN ROAD
CITY-ST-ZIP FORT MEYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS 17549 Allentown Road
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00

941/455-7754

CR2E034 (9/99)