

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013499

1. Entity Name

CREATIVE HOMES OF SOUTHWEST FLORIDA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90386 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

C0056441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12355 Collier Boulevard

3. Mailing Address

12355 Collier Boulevard

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

Suite F

City & State

Naples, FL

City & State

Naples, FL

Zip

34116

Country

Zip

34116

Country

4. FEI Number

65-0554763

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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, 2001 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

TITLE VP
NAME VALLE, MARIO
STREET ADDRESS 961 MURCOTT DR
CITY-ST-ZIP NAPLES FL 34120 ☐ Delete

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

TITLE VT
NAME ROHDE, JUDITH D.
STREET ADDRESS 17549 ALLENTOWN RD
CITY-ST-ZIP FORT MEYERS FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Lawrence R. Huss, President 4/24/01

Date

Daytime Phone #

941/455-7754

CR2E034 (10/00)