

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90049 040 \*\*\*150.00

0010805

**DOCUMENT # P98000095825**

1. Entity Name  
**H.F.S. FORT MYERS, INC.**

Principal Place of Business  
**13891 JETPORT LOOP SUITE 17  
 FORT MYERS FL 33913  
 US**

Mailing Address  
**500 FAIRWAY DR  
 204  
 DEERFIELD BEACH FL 33441  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0874841**

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

~~CHAMBERLAND, MARC J  
 418 S MILITARY TRAIL  
 DEERFIELD BEACH FL 33442~~

Name **MARC J. CHAMBERLAND**  
 Street Address (P.O. Box Number is Not Acceptable)  
**500 FAIRWAY DRIVE  
 Suite 204**  
 City **Deerfield Beach FL** Zip Code **33441**

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 **MARC CHAMBERLAND** 4/2/01  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMBERLAND, MARC J</b>	
STREET ADDRESS	<b>418 S MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>HERRCE, KENNETH</b>	
STREET ADDRESS	<b>417 S MILITARY TRAIL</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33442</b>	
TITLE	<del><b>VP</b></del>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>CRETELLA, PAUL</b></del>	
STREET ADDRESS	<del><b>13891 JETPORT LOOP, SUITE 17</b></del>	
CITY-ST-ZIP	<del><b>FORT MYERS FL 33913</b></del>	
TITLE	<del><b>VP</b></del>	<input checked="" type="checkbox"/> Delete
NAME	<del><b>VOGEL, KEVIN</b></del>	
STREET ADDRESS	<del><b>13891 JETPORT LOOP, SUITE 17</b></del>	
CITY-ST-ZIP	<del><b>FORT MYERS FL 33913</b></del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARC CHAMBERLAND</b>	
STREET ADDRESS	<b>500 FAIRWAY DRIVE SUITE 204</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNETH HERRCE</b>	
STREET ADDRESS	<b>500 FAIRWAY DRIVE SUITE 204</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH FL 33441</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ARLYN VAN WINKLE</b>	
STREET ADDRESS	<b>13891 JETPORT LOOP SUITE 17</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33913</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowerers.

SIGNATURE: **MARC CHAMBERLAND** 4/2/01 **5961930**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**AS President**

CR2E034 (10/00)