

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020709

1. Entity Name  
**THE SAMARITAN GROUP, INC.**

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90057 044 \*\*\*150.00

Principal Place of Business  
**6326 WHISKEY CREEK DRIVE**  
**SUITE D -**  
**FT. MYERS FL 33919**

Mailing Address  
**6326 WHISKEY CREEK DRIVE**  
**SUITE D**  
**FT. MYERS FL 33919**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**12734 KENWOOD LN**

3. Mailing Address  
**12734 KENWOOD LN**

Suite, Apt. #, etc.  
**STE 84**

Suite, Apt. #, etc.  
**STE 84**

City & State  
**FORT MYERS FL**

City & State  
**FT MYERS FL**

Zip  
**33907**

Country  
**USA**

Zip  
**33907**

Country  
**USA**

4. FEI Number **65-0900998**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DODRILL, DAVID E**  
**6326 WHISKEY CREEK DRIVE**  
**SUITE D**  
**FT. MYERS FL 33919**

## 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 *David E. Dodrill*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *4/09/01*

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 **D** ☐ Delete  
NAME **DODRILL, DAVID E**  
STREET ADDRESS **929 ADELPHI COURT**  
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **S** ☐ Delete  
NAME **KOEHLER, TAMMY T**  
STREET ADDRESS **2380 ANDROS AVE**  
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **VP** ☐ Delete  
NAME **DODRILL, CATHRONS**  
STREET ADDRESS **929 ADELPHI CT**  
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: *David E. Dodrill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David E. Dodrill* *4/09/01* *941 931 4202*

Date

Daytime Phone #

CR2E034 (10/00)