

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90012 040 ****61.25

DOCUMENT # N03738

1. Entity Name R
LEE COUNTY DETACHMENT MARINE CORP LEAGUE, INC.

Principal Place of Business P.O. BOX 60426 FT. MYERS FL 33906-0426	Mailing Address P.O. BOX 60426 FT. MYERS FL 33906-0426
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1977863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ZARB, JAMES P.
 520 SE 30TH STREET
 CAPE CORAL, FL 33904

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP FARGNOLI, PETER J	<input type="checkbox"/> Delete
NAME	3325 SE 1ST AVE.	
STREET ADDRESS	CAPE CORAL FL	
CITY-ST-ZIP		
TITLE	DV MARINO, JOSEPH P	<input type="checkbox"/> Delete
NAME	4915 SW 8TH COURT	
STREET ADDRESS	CAPE CORAL FL	
CITY-ST-ZIP		
TITLE	DP ZARB, JAMES P	<input type="checkbox"/> Delete
NAME	520 SE 30TH ST.	
STREET ADDRESS	CAPE CORAL FL 33904	
CITY-ST-ZIP		
TITLE	DT TALLEY, GEORGE	<input type="checkbox"/> Delete
NAME	3809 SE 2ND PL.	
STREET ADDRESS	CAPE CORAL FL 33904	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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		

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: JAMES P. ZARB **SIGNATURE REQUIRED** JAMES P. ZARB 9/12/00 (941) 458-3170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)