2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED DOCUMENT # N34371 Mar 01, 2000 8:00 am **Secretary of State** BOYS & GIRLS CLUBS OF LEE COUNTY, INC. 03-01-2000 90086 013 ****61.25 Mailing Address Principal Place of Business 2038 HENLEY PLACE PO BOX 568 P.O. BOX 568 FT MYERS FL 33901 FT MYERS FL 33902-0568 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 59-2013870 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>William</u> J. Gunnin Street Address (P.O. Box Number is Not Acceptable) PENNER, NORMAN H JR <u>2038 Henlev Place</u> 2016 VISCAYA PARKWAY CAPE CORAL FL 33990 Zip Code 33901 Fort Myers 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. 01/06/00 Gunnin <u>Executive Director</u> (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11, DP X Change ☐ Addition DP Delete TITLE TITLE Parks, Wes NAME SMITH, DAPHEN NAME STREET ADDRESS 15611 New Hampshire Court STREET ADDRESS 7051 CYPRESS TERR STE 110 CITY-ST-ZIP Fort Myers, FL. 33908 CITY-ST-7IP FT MYERS FL 33907 Change ☐ Addition Delete TITLE DS TITLE D NAME NAME HAMMEL, ART Poe, Teresa STREET ADDRESS STREET ADDRESS 2222 SECOND ST 9981-Health Park Circle CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL Fort Myers, FL. 33908 Change Addition Addition 🙀 Delete TITI F NAME Smith, Daphen NAME GRUEWTHAL, KAREN STREET ADDRESS 11711 Timberline Circle STREET ADDRESS 3949 EVANS ST STE 206 CITY-ST-ZIE CITY-ST-ZIP Fort Myers, FL. 33912 FT MYERS FL 33901 Change ☐ Addition CF₀ ☐ Delete TITLE NAME NAME MAHER, WILLIAM A STREET ADDRESS STREET ADDRESS 2038 HENLY PL CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 ☐ Delete ☐ Change ☐ Addition TITLE NAME KATZ, LEONARD STREET ADDRESS STREET ADDRESS 506 E CAPE CORAL PARKWAY CITY-ST-ZIP CITY-ST-ZIF CAPE CORAL FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE VERNAY, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 5674 ENTERPRISE PKWY CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33907 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 optrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

QUIWilliam Maher

Daytime Phone #