2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State
04-11-2002 90705 041 ****61.25

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DOCUMENT # N44436

1. Entity Name

LEE COUNTY ARCHERS, INC.

Principal Place of Business	Mailing Address
1650 HIGHWAY 29 SOUTH LABELLE FL 33935	1650 HIGHWAY 29 SOUTH LABELLE FL 33935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Nalle Grade Park	P.O. Box 1437
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. FT. Myers, FL	City & State: Lehigh Acres, FL
Zip / Country: USA	Zip: 33970 / Country: USA

4. FEI Number: 65-0319972 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WOOSLEY, DAN
1650 HIGHWAY 29 SOUTH
LABELLE FL 33935

7. Name and Address of New Registered Agent

Name: Ernest B. Brown III
Street Address (P.O. Box Number is Not Acceptable): 660 Addison St. East
City: Lehigh Acres FL Zip Code: 33936

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: Dr. E. B. Brown III Ernest B. Brown III (President) Mar 7, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOSLEY, DAN 1650 HIGHWAY 29 SOUTH LABELLE FL 33935	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/N Kevin Roberts 18041 Old Bayshore Rd. N. FT. Myers, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURZ, DAVE 910 EUCLID AVE LEHIGH ACRES FL 33936	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Christine Claxton 18041 Old Bayshore Rd. N. FT. Myers, FL 33917	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, BEN 660 ADDISON ST EAST LEHIGH ACRES FL 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T Greg Miller 7400 College Parkway Unit 61D FT. Myers, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CATANZARITI,, JOE 21261 WAYMOUTH RUN ESTERO FL 33928	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P E. B. Brown III 660 Addison St. East Lehigh Acres, FL 33936	☒ Change ☐ Addition Correct name
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Ralph Galatz 3969 Villmoor Lane Ft. Myers, FL 33919	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Dr. E. B. Brown III Ernest B. Brown III Mar. 7, 2002 941-369-6212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #