

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90208 008 ****61.25

SECRET

DOCUMENT # **N92000000104**

1. Entity Name

LEE COUNTY SPORTS OFFICIALS, INC.



Principal Place of Business

**318 SE 43RD LANE
CAPE CORAL FL 33904**

Mailing Address

**318 SE 43RD LANE
CAPE CORAL FL 33904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0368966**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALENTE, SAL
318 SE 43 LANE
CAPE CORAL FL 33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *SAL VALENTE* **SAL VALENTE, PRESIDENT**

4-14-2003

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTM	<input type="checkbox"/> Delete
NAME	VALENTE, SAL	
STREET ADDRESS	318 SE 43 LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANGER, ED	
STREET ADDRESS	1210 SW 8TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTIAGO, LAUREANO	
STREET ADDRESS	3220 LA COSTA CIR APT 101	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANGER, ED	
STREET ADDRESS	1936 NE 5TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33909	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, LAUREANO	
STREET ADDRESS	21745 WINDHAM WAY	
CITY-ST-ZIP	ESTERO FL 33928	
TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LACKEY, JOHN	
STREET ADDRESS	21151 LAZY D FARM RD	
CITY-ST-ZIP	ESTERO FL 33928	
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: *SAL VALENTE* **SAL VALENTE** **4-14-03** **2399451440**

CR2E037 (10/02)