

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

0068171

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1. Entity Name

THE FORT MYERS FENCING CLUB, CORPORATION

01-29-2001 90092 046 *****70.00

Principal Place of Business 4210 FOWLER ST. UNIT 9 & 10 FT MYERS FL 33901	Mailing Address 4210 FOWLER ST. UNIT 9 & 10 FT MYERS FL 33901
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100004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0647917** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEUNG, STEPHEN
 1425 ALCAZAR AVE.
 FORT MYERS FL 33901**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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**

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	PRETTYMAN, MICHELLE	9143 CALOOSA RD FT. MYERS FL 33907				
	VD	FJIGUEROA, LYNNE M	1617 SW 28 TERR CAPE CORAL FL 33914				
	SD	JOHNSON, CHARLES	4165 E. RIVER DR. FT MYERS FL 33901				
	T	LEUNG, STEPHEN	1425 ALCAZAR AVE. FT. MYERS FL 33901				

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: SIGNATURE REQUIRED 01/16/01 941-332-2617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)