

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90113 047 \*\*\*150.00

**DOCUMENT # P95000067392**

1. Entity Name  
**THE BASKET CASE OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business 12381 CLEVELAND AVE. SUITE 204 FT MYERS FL 33907	Mailing Address 12381 CLEVELAND AVE. SUITE 204 FT MYERS FL 33907-3851
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2. Principal Place of Business <b>4939 SKATES Cir</b> Suite, Apt. #, etc.	3. Mailing Address <b>4939 SKATES CIR</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Ft. Myers FL</b>	City & State <b>Ft. Myers, FL</b>	4. FEI Number <b>65-0608736</b>	Applied For Not Applicable
Zip <b>33905</b>	Country <b>Lee</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>JEFFERY, ROGER</b> 12381 CLEVELAND AVE, SUITE 204 FT MYERS FL 33907	7. Name and Address of New Registered Agent Name <b>KATHRYN VAUGHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4939 SKATES CIR</b> City <b>Ft. Myers</b> <b>FL</b> Zip Code <b>33905</b>
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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 **ROGER JEFFERY - Director** **2/26/00**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JEFFERY, LUCILLE</b> <b>15793 SAN ANTONIO CT</b> <b>FT MYERS FL 33908</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KATHRYN VAUGHN</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4939 SKATES CIR</b> <b>FT. MYERS FL 33905</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGAHEY, CAROLYNN</b> <b>1031 BAYSHORE AVE</b> <b>FT MYERS FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DORENE BROOK</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>4939 SKATES CIR</b> <b>FT. MYERS FL 33905</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCGAHEY, DAN R</b> <b>1031 BAYSHORE AVE</b> <b>FT MYERS FL 33919</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JEFFERY, ROGER</b> <b>12381 CLEVELAND AVE, SUITE 204</b> <b>FT MYERS FL 33907</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **KATHY VAUGHN** **4.300** **941-693-1343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)