

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

2. Principal Place of Business

4939 SKATES Cir
 Suite, Apt. #, etc.

3. Mailing Address

4939 SKATES CIR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers FL

City & State

Ft. Myers, FL

4. FEI Number

65-0608736

Applied For

Not Applicable

Zip

33905

Country

Lee

Zip

33905

Country

Lee

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JEFFERY, ROGER
 12381 CLEVELAND AVE, SUITE 204
 FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name: KATHRYN VAUGHN
 Street Address (P.O. Box Number is Not Acceptable): 4939 SKATES CIR
 City: FT. MYERS FL Zip Code: 33905

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: *[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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEFFERY, LUCILLE	
STREET ADDRESS	15793 SAN ANTONIO CT	
CITY-ST-ZIP	FT MYERS FL 33908	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGAHEY, CAROLYNN	
STREET ADDRESS	1031 BAYSHORE AVE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCGAHEY, DAN R	
STREET ADDRESS	1031 BAYSHORE AVE	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JEFFERY, ROGER	
STREET ADDRESS	12381 CLEVELAND AVE, SUITE 204	
CITY-ST-ZIP	FT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHRYN VAUGHN	
STREET ADDRESS	4939 SKATES CIR	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORENE BROOK	
STREET ADDRESS	4939 SKATES CIR	
CITY-ST-ZIP	FT. MYERS FL 33905	
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		

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: *[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)