

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90116 020 ****61.25

0063341

DOCUMENT # 712480

1. Entity Name

LEE COUNTY LEGAL AID SOCIETY, INC.

Principal Place of Business

Mailing Address

**2254 MCGREGOR BLVD
 FT MYERS FL 33901
 US**

**PO BOX 9205
 FT MYERS FL 33902
 US**

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

59-1163686

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNOTT, GEORGE
 1625 HENDRY ST
 FT MYERS FL 33901**

Name

Miguel Fernandez

Street Address (P.O. Box Number is Not Acceptable)

1401 Lee Street

Fort Myers, FL 33901

City

Fort Myers, FL

FL

Zip Code

33901

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

Miguel Fernandez - President

2/4/02

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 **DP** Delete
 NAME **FERNANDEZ, M**
 STREET ADDRESS **1401 LEE ST**
 CITY-ST-ZIP **FT MYERS FL 33901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **RASSETT, GLORIA**
 STREET ADDRESS **4560 VIA ROYALE**
 CITY-ST-ZIP **FT MYERS FL**

TITLE **DVP** Change Addition
 NAME **RASSETT, GLORIA**
 STREET ADDRESS **1040 NORTH TOWN & RIVER DR**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **SD** Delete
 NAME **DAVIDSON, KELLI**
 STREET ADDRESS **2122 DR MULLIGAN BLVD**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **SELL, AMY**
 STREET ADDRESS **2259 MCGREGOR BLVD**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **SD/TD** Change Addition
 NAME **SELL, ANN**
 STREET ADDRESS **THE PINES OFFICE PARK, STE A-11**
 CITY-ST-ZIP **8192 COLLEGE PRKY**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Miguel Fernandez - President

Date

Daytime Phone #

2/4/02

(41) 332-3277

CR2E037 (9/01)