

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

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90846 027 \*\*\*\*61.25

**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

**2211 Peck Street**      Suite, Apt. #, etc.

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

City & State      City & State

**Fort Myers, Florida**      City & State

Zip      Country      Zip      Country

**33901      USA      Country**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1163686**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, MIQUEL  
1401 LEE ST  
FT MYERS FL 33901**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	FERNANDEZ, M	
STREET ADDRESS	1401 LEE ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FASSETT, GLORIA	
STREET ADDRESS	1040 NORTH TOWN & RIVER DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	SDTD	<input type="checkbox"/> Delete
NAME	SELL, ANN	
STREET ADDRESS	8192 COLLEGE PKWY., STE. A-11	
CITY-ST-ZIP	FORT MYERS FL 33919	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 517, 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: **Miguel Fernandez**      **2/27/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)