

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90932 015 *****61.25

DOCUMENT # 730956

1. Entity Name

LEHIGH ACRES SPRING FESTIVAL ASSOCIATION, INC.



Principal Place of Business

201 E. JOEL BLVD.
P. O. BOX 747
LEHIGH FL 33936

Mailing Address

201 E. JOEL BLVD.
P. O. BOX 747
LEHIGH FL 33936

2. Principal Place of Business

28 Cosmopolitan Dr.
Suite, Apt. #, etc.
Unit 13

3. Mailing Address

P.O. Box 747
Suite, Apt. #, etc.

City & State

Lehigh Acres, FL.

City & State

Lehigh Acres, FL.

Zip

33936

Country

USA

Zip

33936

Country

USA

4. FEI Number **23-7417232**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHENY, CHARLES R.
18413 ORANGE CREST CT.
LEHIGH FL 33936

7. Name and Address of New Registered Agent

Name
Ernie Hartman
Street Address (P.O. Box Number is Not Acceptable)
28 Cosmopolitan Dr. Unit 13
City
Lehigh Acres, FL Zip Code
33936

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

Ernie Hartman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-03

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 **PD** ☐ Delete
NAME **MATHENY, C. R.**
STREET ADDRESS **18413 ORANGE CREST CT.**
CITY-ST-ZIP **LEHIGH, FL 00000**

TITLE **TD** ☐ Delete
NAME **LUCAS, D.**
STREET ADDRESS **325 ROOSEVELT AVE.**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **SD** ☐ Delete
NAME **VEALEY, PATRICIA**
STREET ADDRESS **1111-24 HOMESTEAD RD**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **PD** ☐ Delete
NAME **HARTMAN, ERNIE**
STREET ADDRESS **28 COSMOPOLITAN DR UNIT 13**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Hartman, Ernie**
STREET ADDRESS **28 Cosmopolitan Dr. Unit 13**
CITY-ST-ZIP **Lehigh Acres, FL. 33936**

TITLE **VB & TD** ☒ Change ☐ Addition
NAME **Jackson, Debbie**
STREET ADDRESS **325 Roosevelt Ave.**
CITY-ST-ZIP **Lehigh Acres, FL. 33972**

TITLE **SD** ☒ Change ☐ Addition
NAME **Joan Adler**
STREET ADDRESS **2613 Elva Pl.**
CITY-ST-ZIP **Lehigh Acres, FL. 33971**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Ernie Hartman

2/12/03

239-369-1747

CR2E037 (10/02)