

2001 UNIFORM BUSINESS REPORT (UBR)

5/4

FILED
May 23, 2001 8:00 am
Secretary of State

05-04-2001 90054 026 ****61.25

DOCUMENT # 791055

1. Entity Name

LEE COUNTY FISHERMAN'S COOPERATIVE, INC.

Principal Place of Business

P.O. BOX 728
 MATLACHA FL 33909

Mailing Address

6001 MARIA DR
 ST JAMES CITY FL 33956
 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

59-1667750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PATRICK, JOHN
5459 MEADOWLARK LANE
BOKEELIA FL 33922

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.

SIGNATURE

John Patrick **PRESIDENT**

4-27-01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GERZ, KIM	
STREET ADDRESS	5458 JUDITH RD.	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	MSD	<input checked="" type="checkbox"/> Delete
NAME	PATRICK, JOHN	
STREET ADDRESS	5459 MEADOWLARK LANE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	D	<input type="checkbox"/> Delete
NAME	FUTCH, HAROLD	
STREET ADDRESS	PO BOX 1021	
CITY-ST-ZIP	ORIENTAL NC 28571	
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	GERZ, KIM V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5458 JUDITH RD.	
STREET ADDRESS	Bokeelia, FL 33922	D
CITY-ST-ZIP		
TITLE	PATRICK, JOHN President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5459 MEADOWLARK LANE	D
STREET ADDRESS	Bokeelia FL 33922	
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		
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 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:

John Patrick **John PaTRICK**

4-27-01

941-283-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)