

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F65150

1. Entity Name

TRIPLE J OF LEE COUNTY, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90060 022 ***150.00

Principal Place of Business

2360 PRINCE ST
P O BOX 7258
FT MYERS FL 33911-7258
US

Mailing Address

2360 PRINCE ST
P O BOX 7258
FT MYERS FL 33911-7258
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

59-2231561

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PEASE, JANET R
954 BAL ISLE DR
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name Pamela S Kollmann

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

12451 WOODTIMBER LANE

City Ft Myers

FL

Zip Code 33913

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 Pamela Kollmann

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

Pamela Kollmann, President

(NOTE: Registered Agent signature required when reinstating)

2/11/00

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 P ☒ Delete
NAME PEASE, JANET R
STREET ADDRESS 954 BAL ISLE DR
CITY-ST-ZIP FT MYERS, FL 00000

TITLE VP ☒ Delete
NAME KOLLMANN, PAMELA S
STREET ADDRESS 12451 WOODTIMBER LANE
CITY-ST-ZIP FT MYERS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition
NAME Pamela S Kollmann
STREET ADDRESS 12451 WOODTIMBER LANE
CITY-ST-ZIP Ft Myers FL 33913

TITLE Secretary ☒ Change ☐ Addition
NAME Pamela S Kollmann
STREET ADDRESS 12451 WOODTIMBER LANE
CITY-ST-ZIP Ft Myers FL 33913

TITLE Treasurer ☒ Change ☒ Addition
NAME Robert Pease Sr
STREET ADDRESS 954 Bal Isle Dr
CITY-ST-ZIP Ft Myers FL 33919

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

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: Pamela Kollmann Pamela Kollmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/11/00 941-337-2177

Daytime Phone #