

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90207 030 \*\*\*158.75

**DOCUMENT # G91617**

1. Entity Name  
**JIM LECOUNT & ASSOCIATES, INC.**

Principal Place of Business 1960 41ST STREET S.W. NAPLES FL 33999	Mailing Address 1960 41ST STREET S.W. NAPLES FL 34116-7627
---	--

2. Principal Place of Business <b>3049 50th ST S.W.</b>	3. Mailing Address <b>3049 50th ST SW</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NAPLES, FL</b>	City & State <b>NAPLES, FL</b>	4. FEI Number <b>59-2400971</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34116</b>	Country <b>USA</b>	Zip <b>34116</b>	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**LECOUNT, JIM**  
**1960 41ST STREET S.W.**  
**NAPLES FL**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3049 50th ST SW**  
 City **NAPLES** FL Zip Code **34116**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LECOUNT, JIM</b>		NAME <b>LECOUNT JIM</b>	
STREET ADDRESS <b>1960 41ST STREET S.W.</b>		STREET ADDRESS <b>3049 50th ST S.W.</b>	
CITY-ST-ZIP <b>NAPLES FL</b>		CITY-ST-ZIP <b>NAPLES, FL 34116</b>	
TITLE <b>VS</b>	<input type="checkbox"/> Delete	TITLE <b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LECOUNT, DIANE</b>		NAME <b>LECOUNT, DIANE</b>	
STREET ADDRESS <b>1960 41ST STREET S.W.</b>		STREET ADDRESS <b>3049 50th ST SW.</b>	
CITY-ST-ZIP <b>NAPLES FL</b>		CITY-ST-ZIP <b>NAPLES, FL 34116</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Diane Lecount DIANE LECOUNT 4/26/00 941-455-340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)