

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J40922

1. Entity Name

LEE'S FOURTH STREET PLAZA INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90211 003 ***150.00

Principal Place of Business

Mailing Address

6801 4TH ST N
ST PETERSBURG FL 33702
US

11578 TRADEWINDS BLVD
LARGO FL 33773-4416
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 **59-2750371**

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES W. LEE
11578 TRADEWINDS BLVD.
LARGO FL 33773

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

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P <input type="checkbox"/> Delete
NAME	LEE, JAMES W.
STREET ADDRESS	11578- TRADEWINDS BLVD.
CITY-ST-ZIP	LARGO FL
TITLE	V <input type="checkbox"/> Delete
NAME	LEE, CLIFTON M., JR.
STREET ADDRESS	7590 PINE VALLY LANE
CITY-ST-ZIP	SEMINOLE FL
TITLE	S <input type="checkbox"/> Delete
NAME	LEE, DIANNE
STREET ADDRESS	9714 INDIAN KEY TRAIL
CITY-ST-ZIP	SEMINOLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

James W. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-00

Date

727-391-2065

Daytime Phone #

CR2E034 (9/99)