

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K46437**

1. Entity Name

LEE COAST ENTERPRISES, INC.**FILED**
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90149 028 ***150.00

Principal Place of Business

**11451 WELLFLEET DR
FT MYERS FL 33908
US**

Mailing Address

**11451 WELLFLEET DR
FT MYERS FL 33908
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 **65-0085287**

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

**MCNEAR, GARY F
11451 WELLFLEET DR
FT MYERS FL 33908**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	PTD									
	MCNEAR, GARY F.	11451 WELLFLEET DR	FT MYERS FL 33908							
	CD									
	FRAZIER, BENNIE W.	308 BAYSHORE DR.	CAPE CORAL FL							
	VP									
	MCNEAR, SUSAN M.	11451 WELLFLEET DR	FT MYERS FL 33908							
	VP									
	FRAZIER, DEBORAH	308 BAYSHORE DR.	CAPE CORAL FL							
	VPD									
	CONKLIN, CRAIG W	6241 TIDEWATER ISLAND CIR	FT MYERS FL 33908							

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)