

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90268 050 ***150.00

DOCUMENT # L24856

1. Entity Name

LEE FP, INC.

Principal Place of Business

9800 S HEALTHPARK DR
 #405
 FT MYERS FL 33908
 US

Mailing Address

9800 S HEALTHPARK DR
 #405
 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 **65-0184989**

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

DODSON, DOUGLAS A
 9800 HEALTHPARK DR. #405
 SUITE 208
 FORT 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 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 ☐ Delete
 NAME D
 STREET ADDRESS ADAMS, DAN
 CITY-ST-ZIP 2621 CLEVELAND AVE
 FORT MYERS FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 2180 W. First St. #212
 CITY-ST-ZIP Ft. Myers, FL. 33901

TITLE ☐ Delete
 NAME T
 STREET ADDRESS REASONER, GARRETT H
 CITY-ST-ZIP 12730 DENNIS DRIVE
 FORT MYERS FL 33908

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME DS
 STREET ADDRESS PAGE, RAYMA C
 CITY-ST-ZIP 2412 KENT AVE.
 FORT MYERS FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME CD
 STREET ADDRESS BECKETT, JOHN T.
 CITY-ST-ZIP 9800 HEALTHPARK CIRCLE, SUITE 208
 FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 9800 S. HealthPark Dr. #405
 CITY-ST-ZIP Ft. Myers, FL. 33908

TITLE ☐ Delete
 NAME D
 STREET ADDRESS BEEMER, GEORGE
 CITY-ST-ZIP 5651 EICHEN CIRCLE
 FORT MYERS FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 5652 Arvine Circle
 CITY-ST-ZIP Ft. Myers, FL. 33919

TITLE ☐ Delete
 NAME P
 STREET ADDRESS DODSON, DOUG
 CITY-ST-ZIP 9800 HEALTHPARK CIRCLE, SUITE 208
 FT MYERS FL 33908

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 9800 S. HealthPark Dr. #405
 CITY-ST-ZIP 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)(4), 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:

Terence M. Hilditch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)