

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90362 021 ***150.00

0483156 AV

DOCUMENT # L24856

1. Entity Name
LEE FP, INC.

Principal Place of Business

Mailing Address

**9800 S HEALTHPARK DR
 #405
 FT MYERS FL 33908
 US**

**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 **Douglas A. Dodson**

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

9800 S. HealthPark Dr. # 405

City **Ft. Myers**

FL

Zip Code **33908**

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	ADAMS, DAN	
STREET ADDRESS	2180 WEST FIRST STREET #212	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	T	<input type="checkbox"/> Delete
NAME	REASONER, GARRETT H	
STREET ADDRESS	12730 DENNIS DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	PAGE, RAYMA C	
STREET ADDRESS	2412 KENT AVE.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BECKETT, JOHN T.	
STREET ADDRESS	9800 SOUTH HEALTH PARK DRIVE #405	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEEMER, GEORGE	
STREET ADDRESS	5652 ARVINE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	P	<input type="checkbox"/> Delete
NAME	DODSON, DOUG	
STREET ADDRESS	98700 HEALTHPARK DRIVE #405	
CITY-ST-ZIP	FORT MYERS FL 33908	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL WINCHELL	
STREET ADDRESS	1519 Reynard Drive	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

DOUGLAS DODSON, PRESIDENT

3/22/02

239-489-0023

Date

Daytime Phone #

CR2E034 (9/01)