

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90100 010 ***150.00

DOCUMENT # L24856

1. Entity Name
LEE FP, INC.



Principal Place of Business
9800 S HEALTHPARK DR
#208
FT MYERS FL 33908
US

Mailing Address
9800 S HEALTHPARK DR
#208
FT MYERS FL 33908
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0184989**

Applied For
Not Applicable

Zip

Country

Zip

Country

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
SUITE #208
FORT MYERS FL 33908

Name

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

Suite 208

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Douglas A. Dodson*
Signature, typed or printed name of registered agent and title if applicable.

DOUGLAS A. DODSON, PRESIDENT **3/17/03**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ADAMS, DAN**
STREET ADDRESS **2180 WEST FIRST STREET #212**
CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE **T** ☐ Delete
NAME **REASONER, GARRETT H**
STREET ADDRESS **12700 DENNIS DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **15160 Harbour Isle Dr. - #402**
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **WINCHELL, AL**
STREET ADDRESS **1519 REYNARD DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE **CD** ☐ Delete
NAME **BECKETT, JOHN T.**
STREET ADDRESS **9800 SOUTH HEALTH PARK DRIVE #405**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9800 S. HEALTHPARK DR. - SUITE 208**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BEEMER, GEORGE**
STREET ADDRESS **5652 ARVINE CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE **P** ☐ Delete
NAME **DODSON, DOUG**
STREET ADDRESS **98700 HEALTHPARK DRIVE #405**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9800 S. HEALTH PARK DR. - SUITE 208**
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Douglas A. Dodson* **DOUGLAS A. DODSON** **3/17/03 (239) 489-0023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)