

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003092

1. Entity Name
LEE, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 22 PM 12:09

Principal Place of Business
33741 LAKESHORE DRIVE
TAVARES FL 32778

Mailing Address
33741 LAKESHORE DRIVE
TAVARES FL 32778-5078



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3546020

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, JAMES K SR
33741 LAKESHORE DRIVE
TAVARES FL 32778

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM LEE, JAMES K SR ☐ Delete
STREET ADDRESS 33741 LAKESHORE DRIVE
CITY- ST- ZIP TAVARES FL 32778

TITLE NAME 3000003161333 ☐ Change ☐ Addition
STREET ADDRESS -03/07/00--01103--003
CITY- ST- ZIP *****50.00 *****50.00

TITLE NAME MGRM LEE, SARA S ☐ Delete
STREET ADDRESS 33741 LAKESHORE DRIVE
CITY- ST- ZIP TAVARES FL 32778

TITLE NAME *mf 3/2/00* ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME MGRM LEE, JAMES K JR ☐ Delete
STREET ADDRESS 2714 19TH PLACE SOUTH
CITY- ST- ZIP BIRMINGHAM AL 35209

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

TITLE NAME MGRM DAVIS, LINDA L ☐ Delete
STREET ADDRESS 2921 WESTDALE COURT
CITY- ST- ZIP LAWRENCE KS 66044

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-17-00 352-343-1643

CR2E083 (9/99)