

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90047 015 \*\*\*\*50.00

**DOCUMENT # M99000001489**

1. Entity Name  
**DON LEE LIMITED COMPANY**



Principal Place of Business

**1121 S.W. 45TH STREET  
CAPE CORAL FL 33914**

Mailing Address

**P.O. BOX 100037  
CAPE CORAL FL 33910  
04**

2. Principal Place of Business

**2111 SW 41ST ST.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**CAPE CORAL, FL.**

City & State

4. FEI Number **88-0354875**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33914**

**USA**

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

**GUNDERSON, LEON K  
1121 S.W. 45TH STREET  
CAPE CORAL FL 33914**

Name

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

**2111 SW 41ST STREET**

City

**CAPE CORAL**

FL

Zip Code

**33914**

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 **Leon K Gunderson**

**1-26-03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **GUNDERSON, DONNA M**  
STREET ADDRESS **PO BOX 100037**  
CITY-ST-ZIP **CAPE CORAL FL 33910-0037**

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

TITLE **MGRM** ☐ Delete  
NAME **GUNDERSON, LEON K**  
STREET ADDRESS **PO BOX 100037**  
CITY-ST-ZIP **CAPE CORAL FL 33910-0037**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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 **Leon K Gunderson**

**LEON K Gunderson**

**819-549-4221**

**1-26-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)