

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000000357

1. Entity Name

HETEROSEXUALS HAVE RIGHTS TOO INC.

Principal Place of Business

13496 CARIBBEAN BLVD
FT MYERS FL 33905

Mailing Address

13496 CARIBBEAN BLVD
FT MYERS FL 33905

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

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

Name

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

City

FL

Zip Code

DOWNS, LEE B
13496 CARIBBEAN BLVD
FT MYERS FL 33905

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE DP
NAME DOWNS, LEE B
STREET ADDRESS 13496 CARIBBEAN BLVD
CITY-ST-ZIP FT MYERS FL 33905 ☐ Delete

TITLE DV
NAME DOWNS, FRANCES I
STREET ADDRESS 13496 CARIBBEAN BLVD
CITY-ST-ZIP FT MYERS FL 33905 ☐ Delete

TITLE DS
NAME YORK, KATHLEEN
STREET ADDRESS 221 CANTON AVE
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE OT
NAME PATON, ANGELIA
STREET ADDRESS 1704 OAK AVE
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

TITLE D
NAME DUNCAN, FLORENCE E
STREET ADDRESS 9705 BAYCREST TERR
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE D
NAME PATON, RAYMOND J
STREET ADDRESS 1604 OAK AVE
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SUCROMNEY
DEBRA O. COMBS
4116 12TH ST. W.
LEHIGH ACRES FL 33471

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

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
1704 OAK AVE

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-19-2002 90011 021 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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