9/25/2002-90124-034-$61.25-$61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 NOV 15 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
873911

DOCUMENT # N01000001034

1. Entity Name

UNITED VETERANS OF LEE COUNTY, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Veterans Service Office	3691 Evans Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State
Zip: 33901 Country: USA	Zip Country

4. FEI Number: 65-1080735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Shirley Oldenburg Treas

Street Address (P.O. Box Number is Not Acceptable): 14157 Caribbean Blvd

City: Fort Myers FL Zip Code: 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: Shirley Oldenburg Treas — Signature, typed or printed name of registered agent and title if applicable.
Shirley Oldenburg — (NOTE: Registered Agent signature required when reinstating)
9-22-02 — DATE

FEE IS $61.25 Initial or Amended UBR

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 D NAME STREET ADDRESS CITY-ST-ZIP	President Robert Rahler 2814 6th St W Lehigh Acres FL 33971
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	1ST VP Dan King 5531 Burnham Ct N Ft Myers FL 33903
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	2nd VP David Lefkowitz 6300 South Point Blvd #111 Ft Myers FL 33919
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	Sec Ralph Irons 32 Galentect Fort Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Shirley Oldenburg 14157 Caribbean Blvd Fort Myers FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR 11/21
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley Oldenburg — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
9-22-02 — Date
239-694-4236 — Daytime Phone #