

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90083 048 \*\*\*\*\*70.00

**DOCUMENT # N01000001034**

1. Entity Name

UNITED VETERANS OF LEE COUNTY, INC.



Principal Place of Business

Mailing Address

2358 VICTORIA AVE  
FORT MYERS FL 33901-3816

P.O. BOX 147  
FORT MYERS FL 33902



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1080735

Applied For

Not Applicable

5. Certificate of Status Desired ☒ XXX

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

IRONS, RALPH D  
37 GALENTE CT  
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

DR. KENNETH BOYD THIBODEAU

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

2358 Victoria Avenue

33901-3816

City

Fort Myers

FL

Zip Code

33901-3816

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPC THIBODEAU, KENNETH B P.O. BOX 147 FORT MYERS FL 33902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP KAHLER, ROBERT 2814 6TH ST., W LEHIGH ACRES FL 33971	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP LEFKOWITZ, DAVID 6300 SOUTH POINTE BLVD #111 FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BRIGHT, RICHARD 2104 NW 7TH STREET CAPE CORAL FL 33993	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT OLDENBURG, VICTOR 14157 CARRIBEAN BLVD FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DJA IRONS, RALPH D 37 GALENTE CT FORT MYERS FL 33912	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MOVED OUT-OF-STATE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 title empowered.

**SIGNATURE: DR. KENNETH BOYD THIBODEAU, DPC**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**16 FEB 2007**

**(239) 418-0939**

Date

Daytime Phone #