

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90164 010 ****61.25

DOCUMENT # N01368

1. Entity Name

SEMINOLE BOOSTERS OF LEE COUNTY, INC.



Principal Place of Business

**P O BOX 150130
CAPE CORAL FL 33915**

Mailing Address

**P O BOX 150130
CAPE CORAL FL 33915**

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 **65-0032753**

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

**SHEARMAN, ROBERT
1715 MONROE STREET
FT. MYERS FL 33901**

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. 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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete
NAME	WENDLAND, CHRIS	
STREET ADDRESS	5810 NEWFOUNDLAND CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	D	☐ Delete
NAME	SHEARMAN, ROBERT	
STREET ADDRESS	1715 MONROE ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	V	☐ Delete
NAME	RINGERS, LARRY	
STREET ADDRESS	1371 CURRIER CR	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	T	☐ Delete
NAME	BROOKS, ROBERT A.	
STREET ADDRESS	PO BOX 150130 N/A	
CITY-ST-ZIP	CAPE CORAL FL 33915	
TITLE	D	☐ Delete
NAME	SELL, BARRY	
STREET ADDRESS	3350 N. KEY DR., A-504	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	☐ Delete
NAME	VOTAW, BOB	
STREET ADDRESS	1240 WALES DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33901	

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

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 REQUIRED

4/8/03

239-542-6464

CR2037 (10/02)