

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02263

1. Entity Name

RIGHT TO LIFE OF LEE COUNTY, INC.

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90009 045 ****61.25

Principal Place of Business
 4720 S. E. 15TH AVENUE #103
 CAPE CORAL FL 33904

Mailing Address
 4720 S.E. 15TH AVENUE #103
 CAPE CORAL FL 33904

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 **NOT APPLICABLE**

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

REILLY, BERNADETTE
 1725 MAIN ST
 FT MYERS FL 33931

Name: **LYNN BURDETTE**
 Street Address (P.O. Box Number is Not Acceptable)
15291 SAM SNEAD LN.
 City: **N. FT. MYERS** FL Zip Code: **33917**

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: Paul Shoot Trust DATE: 7/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, KATHERINE A	
STREET ADDRESS	5145 SANTA ROSA CT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MORLEY, ROBERT	
STREET ADDRESS	2674 WINKLER AVE, 106	
CITY-ST-ZIP	FT MYERS FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAUL SHOOT	
STREET ADDRESS	5233 SW 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	PDM	<input checked="" type="checkbox"/> Delete
NAME	REILLY, BERNADETTE	
STREET ADDRESS	1725 MAIN ST	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAYHORN, GUY	
STREET ADDRESS	12314 RIVERROAD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DUFNER, MARY	
STREET ADDRESS	979 E GULF DR	
CITY-ST-ZIP	SANIBEL FL	

TITLE	PDM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN BURDETTE	
STREET ADDRESS	15291 SAM SNEAD LN.	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRAYHORN, GUY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE SPECHT	
STREET ADDRESS	14520-8 SUMMERLINE TRACE CT.	
CITY-ST-ZIP	FT. MYERS, FL 33919	

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: Paul Shoot Trust DATE: 7/28/00 941-542-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/00)