

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90196 012 ****61.25

DOCUMENT # N02263

1. Entity Name

RIGHT TO LIFE OF LEE COUNTY, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

12811 Kenwood LN

12811 Kenwood LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 211

Suite 211

City & State

City & State

Ft. Myers, FL

Ft. Myers, FL

Zip

Zip

Country

Country

33907

USA

33907

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURDETTE, LYNN
 15291 SAM SNEAD LN
 N FORT MYERS FL 33917

Name Strayhorn, Guy

Street Address (P.O. Box Number is Not Acceptable)
 12314 Riverroad

Ft. Myers, FL

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

After September 13, 2002,
 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 NAME STREET ADDRESS CITY-ST-ZIP	PDM BURDETTE, LYNN 15291 SAM SNEAD LN N FORT MYERS FL 33917	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL SHOOT 5233 SW 10TH AVE CAPE CORAL FL 33914	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRAYHORN, GUY 12314 RIVERROAD FT MYERS FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPECHT, SUZANNE 14520-8 SUMMERLINE TRACE CT FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Strayhorn, Guy 12314 Riverroad Ft. Myers FL	<input type="checkbox"/> Change <input checked="" 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	Burdette, Lynn 15291 Sam Snead LN N. Fort Myers, FL 33917	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda McCoy 3091 Packinghouse Rd. Alva, FL 33920-4031	<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

CR2E037 (4/02)

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]

7/22/02