

04-28-2003 91298 008 ****61.25

FILED N03000002108
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 28 AM 7:58

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

DOCUMENT # N03000002108					
1. Entity Name LEE COUNTY ALLIANCE OF LEGAL PROFESSIONALS, INC.					
Principal Place of Business PO BOX 1766 FT MYERS, FL 33902			Mailing Address PO BOX 1766 FT MYERS, FL 33902		
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				Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGINN, GRACE L 1716 MONROE ST FT MYERS, FL 33901				7. Name and Address of New Registered Agent Name L. Dixie McKeown Street Address (P.O. Box Number is Not Acceptable) 1715 Monroe Street City Fort Myers FL 33901	
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 <i>L. Dixie McKeown</i>				DATE 4/23/03	
FILE NOW: FREE (\$51.25)				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME GERMANIS, KELLY STREET ADDRESS 17412 DUQUESNE RD CITY-STATE-ZIP FT MYERS, FL 33912			TITLE President NAME Linda Reese STREET ADDRESS 2201 Second Street CITY-STATE-ZIP Fort Myers, FL 33901		
TITLE V NAME LEACH, DINAH STREET ADDRESS 4526 SE 10TH AVE CITY-STATE-ZIP CAPE CORAL, FL 33904			TITLE Secretary NAME L. Dixie McKeown STREET ADDRESS 1715 Monroe Street CITY-STATE-ZIP Fort Myers, FL 33901		
TITLE S NAME MCGINN, GRACE L STREET ADDRESS PO BOX 898 CITY-STATE-ZIP FT MYERS, FL 33902			TITLE Carolyn Quinones NAME Carolyn Quinones STREET ADDRESS 13515 Bell Tower Drive CITY-STATE-ZIP Fort Myers, FL 33912		
TITLE T NAME JOHNSON, JAMES R STREET ADDRESS PO BOX 2431 CITY-STATE-ZIP FT MYERS, FL 33902					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-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 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 fee empowered.					
SIGNATURE: <i>L. Dixie McKeown</i>				DATE: 4/23/03	

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☒ CHECK HERE IF MAKING CHANGES

0326037 (10/02)