Amended

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

07-16-200390045 028 ****61.25
SECRETARY
DIVISION OF CORP

03 JUL 22 AM 8:03

DOCUMENT # N03000002108

1. Entity Name
Lee County Alliance of Legal Professionals, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P.O. Box 1766	P.O. Box 1766
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33902 Country: USA	Zip: 33902 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3712013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carolyn Quinones

Street Address (P.O. Box Number is Not Acceptable): C/O Becker & Poliakoff, PA.
13515 Bell Tower Dr., #101

City: Fort Myers FL Zip Code: 33907

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: Carolyn Quinones Carolyn Quinones 7/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	President	TITLE	
NAME	Linda Reese	NAME	
STREET ADDRESS	4960 Tennessee Way	STREET ADDRESS	
CITY-ST-ZIP	Fort Myers, FL 33905	CITY-ST-ZIP	
TITLE	Vice President	TITLE	
NAME	Dinah Leach	NAME	
STREET ADDRESS	4526 S.E. 10th ave.	STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33904	CITY-ST-ZIP	
TITLE	Treasurer	TITLE	
NAME	Carolyn Quinones	NAME	
STREET ADDRESS	210 SW 44 Terr	STREET ADDRESS	
CITY-ST-ZIP	Cape Coral, FL 33914	CITY-ST-ZIP	
TITLE	Secretary	TITLE	
NAME	Leona McKeown	NAME	
STREET ADDRESS	5525 San Luis Dr.	STREET ADDRESS	
CITY-ST-ZIP	N. Fort Myers, FL 33903	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Quinones, Treasurer 7/15/03 239-433-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/22