

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # N03738****1. Entity Name**
LEE COUNTY DETACHMENT MARINE CORP LEAGUE, INC.**Principal Place of Business**
P.O. BOX 60426
FT. MYERS FL 339060426**Mailing Address**
P.O. BOX 60426
FT. MYERS FL 339060426**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
59-1977863Applied For
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**ZARB, JAMES P.
520 SE 30TH STREET

CAPE CORAL, FL 33904 US

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.**SIGNATURE** **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	DT	<input type="checkbox"/> Delete
NAME	TALLEY GEORGE	
STREET ADDRESS	3809 SE 2ND PL.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ZARB JAMES P	
STREET ADDRESS	520 SE 30TH ST.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MARINO JOSEPH P	
STREET ADDRESS	4915 SW 8TH COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FARGNOLI PETER J	
STREET ADDRESS	3325 SE 1ST AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUSTIN RAYMOND P/MAST.		
STREET ADDRESS	5332 SW 10TH AVE.		
CITY-ST-ZIP	CAPE CORAL FL 33914		
TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZARB JAMES PCMDT.		
STREET ADDRESS	520 SE 30TH ST.		
CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	DV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLESAND RICHARD JR VICE		
STREET ADDRESS	4610 SANTA BARBARA BLVD.		
CITY-ST-ZIP	CAPE CORAL FL 33914		
TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOWLER GARY TSR VICE		
STREET ADDRESS	2801 SE 17TH AVE.		
CITY-ST-ZIP	CAPE CORAL FL 33904		
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			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** James P. Zarb Cmdt 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)