

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18942

1. Entity Name

LEE COUNTY FISHING REEF ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1128
BOCA GRANDE FL 33921

Mailing Address

P.O. BOX 1128
BOCA GRANDE FL 33921

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0010111

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPO, DANIEL E
110 DAMIFINO STREET
BOCA GRANDE FL 33921

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HARRISON, CHARLES W
180 DAMIFIWILL STREET
BOCA GRANDE FL 33921

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KNIGHT, JOHNS JR
4TH STREET
BOCA GRANDE FL 33921

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CAMPO, DANIEL E
110 DAMIFINO STREET
BOCA GRANDE FL 33921

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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:

Daniel E Campo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01 (941) 964-0554
Date Daytime Phone #

FILED
Apr 14, 2001 8:00 am
Secretary of State

04-14-2001 90008 014 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)