

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31689

1. Entity Name

LEE COUNTY CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 1172  
FT. MYERS FL 33902

PO BOX 1172  
FT. MYERS FL 33902-1172

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNY FLINT  
14200 OAK HAMMOCK LANE  
FT. MYERS FL 33905

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P TIMOTHY L. MANN	<input type="checkbox"/> Delete
STREET ADDRESS	5621 NEAL RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE NAME	VP SHANE PARKER	<input type="checkbox"/> Delete
STREET ADDRESS	3181 BUCKINGHAM RD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE NAME	D HIGGINBOTHAM, ALFRED	<input type="checkbox"/> Delete
STREET ADDRESS	9320 MAPLE LANE	
CITY-ST-ZIP	N FT MYERS FL	
TITLE NAME	S LEE KAHELLE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	866 MOODY RD	
CITY-ST-ZIP	NORTH FT. MYERS FL	
TITLE NAME	D JOHN CORNETT	<input type="checkbox"/> Delete
STREET ADDRESS	6461 BUCKINGHAM ROAD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE NAME	T FLINT, MANNY	<input type="checkbox"/> Delete
STREET ADDRESS	14200 OAK HAMMOCK LN	
CITY-ST-ZIP	FT MYERS FL 33905	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

941-334-2192

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE