

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N31689**

1. Entity Name

LEE COUNTY CATTLEMEN'S ASSOCIATION, INC.

Principal Place of Business

PO BOX 1172
FT. MYERS FL 33902

Mailing Address

PO BOX 1172
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

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 \$61.259. 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
P
TIMOTHY L. MANN ☐ Delete
5621 NEAL RD
FT. MYERS FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SHANE PARKER ☐ Delete
3181 BUCKINGHAM RD
FT. MYERS FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HIGGINBOTHAM, ALFRED ☐ Delete
9320 MAPLE LANE
N FT MYERS FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHN CORNETT ☐ Delete
6461 BUCKINGHAM ROAD
FT. MYERS FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FLINT, MANNY ☐ Delete
14200 OAK HAMMOCK LN
FT MYERS FL 33905TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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: _____

*Manny Flint**30 April 2001**941-334-2192***FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90009 036 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)