

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32570

1. Entity Name

NAMI LEE COUNTY, INC.

Principal Place of Business

Nami Lee County
Mr. & Mrs. Frederic Smith
8557 Britannia Dr
Fort Myers, FL 33912

Mailing Address

Mr. & Mrs. Frederic Smith
8557 Britannia Dr
Fort Myers, FL 33912

2. Principal Place of Business

8557 Britannia Dr
Suite, Apt. #, etc.
F

3. Mailing Address

8557 BRITANNIA DR.
Suite, Apt. #, etc.
FORT MYERS

City & State

FT. MYERS FL

City & State

FLORIDA

4. FEI Number

65-0122844

Applied For

Not Applicable

Zip

33912

Country

US

Zip

33912

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOERGER, JOHN
5540 WESTWIND LN
FT MYERS FL 33919-2718

7. Name and Address of New Registered Agent

Name FRED SMITH
Street Address (P.O. Box Number is Not Acceptable)
8557 BRITANNIA DR.
FORT MYERS
City FL Zip Code 33912

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	PD	☐ Delete
NAME	WEDDLE, MARY LOU	
STREET ADDRESS	6570 HIGHLAND PINES CIR.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VPD	☒ Delete
NAME	BOERGER, MAUDE	
STREET ADDRESS	5540 WESTWIND LANE	
CITY-ST-ZIP	FT. MYERS FL 33919-2718	
TITLE	TD	☒ Delete
NAME	BOERGER, JOHN	
STREET ADDRESS	5540 WESTWIND LANE	
CITY-ST-ZIP	FORT MYERS FL 33919-2718	
TITLE	SD	☒ Delete
NAME	DIGERNESS, WALLA	
STREET ADDRESS	1820 SE 1ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33990-1353	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	☐ Change ☒ Addition
NAME	LUELLA DIGERNESS	
STREET ADDRESS	1820 SE 1ST TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990-1353	
TITLE	TD	☐ Change ☒ Addition
NAME	FRED SMITH	
STREET ADDRESS	8557 BRITANNIA DR.	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	SD	☐ Change ☒ Addition
NAME	KAYE WALLACE	
STREET ADDRESS	1701 RIDGECREST ST.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	CSO	☐ Change ☒ Addition
NAME	MARY YACKULICH	
STREET ADDRESS	1313 FARMDALE ST.	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE		☐ Change ☐ 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90049 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)