

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32570

1. Entity Name

NAMI LEE COUNTY, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90149 030 *****61.25

0069188

Principal Place of Business 8557 BRITTANIA DR 8557 F FORT MYERS FL 33912 US	Mailing Address 8557 BRITTANIA DR 8557 F FORT MYERS FL 33912 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>See Above</i> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0122844	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, FRED 8557 BRITTANIA DR FORT MYERS FL 33912	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 STREET ADDRESS CITY-ST-ZIP	PD WEDDLE, MARY LOU 6570 HIGHLAND PINES CIR. FT. MYERS FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIGERNESS, LUELLA 1820 SE 1ST TERR CAPE CORAL FL 33990-1353 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Luther, Sharon 139 Amber Ave N. Ft. Myers, FL 33917 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, FRED 8557 BRITTANIA DR FORT MYERS FL 33912 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALLACE, KAYE 1701 RIDGECREST ST LEHIGH ACRES FL 33936 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD YACKULICH, MARY 1313 FARMDALE ST LEHIGH ACRES FL 33936 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD PIERSON, Sheryl 134 S.W 39th Place CAPE CORAL, FL 33991 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)