

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90033 043 \*\*\*\*61.25

**DOCUMENT # N32570**

1. Entity Name

**MIAMI LEE COUNTY, INC.**

Principal Place of Business

Mailing Address

8557 BRITANIA DR  
 FORT MYERS FL 33912  
 US

8557 BRITANIA DR  
 FORT MYERS FL 33912  
 US

2. Principal Place of Business

**2789 Ortiz Ave**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 50816  
 Ft Myers FL 33994-0816**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**FT MYERS FL**

City & State

**FT MYERS FL**

4. FEI Number

**65-0122844**

Applied For

Not Applicable

Zip

**33905**

Country

**USA**

Zip

**33994-0816**

Country

**USA**

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

**SMITH, FRED  
 9557 BRITANIA DR  
 FORT MYERS FL 33912**

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  Delete  
 NAME **PD WEDDLE, MARY LOU**  
 STREET ADDRESS **6570 HIGHLAND PINES CIR.**  
 CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD LUTHER, SHARON**  
 STREET ADDRESS **139 AMBER AVENUE**  
 CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE  Change  Addition  
 NAME **VPD WALLACE, KAY**  
 STREET ADDRESS **1701 RIDGECREST ST**  
 CITY-ST-ZIP **LEHIGH ACRES, FL 33936**

TITLE  Delete  
 NAME **TD SMITH, FRED**  
 STREET ADDRESS **8557 BRITANIA DR**  
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD WALLACE, KAYE**  
 STREET ADDRESS **1701 RIDGECREST ST**  
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE  Change  Addition  
 NAME **SD TOW, SUSAN H.**  
 STREET ADDRESS **8601 S. LAKE CIR**  
 CITY-ST-ZIP **FT MYERS, FL 33936**

TITLE  Delete  
 NAME **CSD PIERNON, SHERYL**  
 STREET ADDRESS **134 S W 39TH PLACE**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE  Change  Addition  
 NAME **CSD QUINN, Lori Ann**  
 STREET ADDRESS **330 OTTUMA AVE.**  
 CITY-ST-ZIP **FT MYERS, FL 33901**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: **FREDERICK W. SMITH** 2/20/02 941-861-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/01)