

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90041 008 ****61.25

DOCUMENT # N32570

1. Entity Name

NAMI LEE COUNTY, INC.



Principal Place of Business

**2789 ORTEZ AVE
FORT MYERS FL 33905
US**

Mailing Address

**PO BOX 50816
FT MEYERS FL 33994-0816
US**

90005693

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 **65-0122844**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, FRED
8557 BRITANIA 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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE **SD**
NAME **TEW, SUSAN H** ☐ Delete
STREET ADDRESS **8601 S LAKE CIR**
CITY-ST-ZIP **FT MEYERS FL 33936**

TITLE **CSD**
NAME **QUINN, LORI ANN** ☐ Delete
STREET ADDRESS **330 OTTUAM AVE**
CITY-ST-ZIP **FORT MYERS FL 33901**

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 **TRAHIN, Sherri**
STREET ADDRESS **11 PALM BLVD,**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☐ Addition
NAME **TEW, SUSAN H**
STREET ADDRESS **15801 SONOMA DRIVE # 104**
CITY-ST-ZIP **Ft. Myers, FL 33908**

TITLE ☐ Change ☐ Addition
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:

Signature and Typed Name of Signing Officer or Director
SMITH, FRED

Smith

1/15/03 (239)-561-8655

CR2E037 (10/02)