

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N34143**

1. Entity Name

LEE COUNTY HUNDRED CLUB, INC.

Principal Place of Business

2075 W. FIRST STREET
#300
FORT MYERS FL 33902

Mailing Address

2075 W. FIRST STREET
#300
FORT 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

65-0167424

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

WHITLEY, STEVEN R
2075 W. FIRST STREET
#300
FT. MYERS FL 33902

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TUCKER, DAVID L ☒ Delete
STREET ADDRESS 2201 SECOND STREET
CITY-ST-ZIP FORT MYERS FL 33901TITLE PT
NAME STEVEN R WHITLEY ☒ Change ☐ Addition
STREET ADDRESS 2075 W FIRST STREET Ste 300
CITY-ST-ZIP FORT MYERS, FL 33902TITLE TD
NAME WHITLEY, STEVEN R ☐ Delete
STREET ADDRESS 2075 W. FIRST STREET, #300
CITY-ST-ZIP FORT MYERS FL 33902TITLE SD
NAME JOE CATTI ☐ Change ☒ Addition
STREET ADDRESS 8060 CONCEAL PARKWAY SW
CITY-ST-ZIP FORT MYERS, FL 33919TITLE SD
NAME GARNER, JAMES F ☐ Delete
STREET ADDRESS 1833 HENDRY STREET
CITY-ST-ZIP FORT MYERS FL 33901TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

3-9-02

941 334 9191

CR2E037 (9/01)