

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90241 045 ****70.00

DOCUMENT # **N37978**

1. Entity Name
LEE COUNTY GOVERNMENTAL LEASING CORPORATION



Principal Place of Business

% JAMES G. YAEGER
2115 2ND ST.
FT. MYERS FL 33901

Mailing Address

% JAMES G. YAEGER
2115 2ND ST.
FT. MYERS FL 33901

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 **65-0194072**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

YAEGER, JAMES G.
2115 2ND ST.
FT. MYERS FL 33901

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	<input type="checkbox"/> Delete
NAME	JANES, ROBERT	
STREET ADDRESS	2120 MAIN ST.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JUDAH, RAY	
STREET ADDRESS	2120 MAIN ST.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	COY, ANDREW W	
STREET ADDRESS	2120 MAIN ST.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBION, JOHN	
STREET ADDRESS	2120 MAIN ST.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	D	<input type="checkbox"/> Delete
NAME	ST CERNY, DOUGLAS R	
STREET ADDRESS	2120 MAIN ST.	
CITY-ST-ZIP	FT. MYERS FL 33901	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STILWELL, DONALD D	
STREET ADDRESS	2115 SECOND STREET	
CITY-ST-ZIP	FT MYERS FL 33901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Janes, Robert	
STREET ADDRESS	2120 Main Street	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judah, Ray	
STREET ADDRESS	2120 Main Street	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coy, Andrew W.	
STREET ADDRESS	2120 Main Street	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albion, John	
STREET ADDRESS	2120 Main Street	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	St. Cerny, Douglas R.	
STREET ADDRESS	2120 Main Street	
CITY-ST-ZIP	Ft. Myers, FL 33901	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stilwell, Donald D.	
STREET ADDRESS	2115 Second Street	
CITY-ST-ZIP	Ft. Myers, FL 33901	

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:

REGISTERED AGENT REQUIRED

2/4/03

(239) 335-2259

A12a

Date

Daytime Phone #

2-4-03

CR2E037 (10/02)