

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90093 017 ****61.25

DOCUMENT # N40935

1. Entity Name

GENESIS III OF LEE COUNTY, INC.

Principal Place of Business

**5264-4 CLAYTON COURT
 FORT MYERS FL 33907**

Mailing Address

**5264-4 CLAYTON COURT
 FORT MYERS FL 33907**

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: **65-0212345**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HARTSELL, STEVEN C
 1833 HENDRY ST
 FT. MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

TORALV OSTENSEN

Street Address (P.O. Box Number is Not Acceptable)

11411 BENT PINE DR

City

FT MYERS

FL

Zip Code

33913

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

TITLE **D** ☒ Delete
 NAME **HARTSELL, STEVEN C**
 STREET ADDRESS **1833 HENDRY ST**
 CITY-ST-ZIP **FT MYERS FL**

TITLE **PD** ☒ Delete
 NAME **OCONNOR, JOHN**
 STREET ADDRESS **3003 TAMiami TRIal N**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☒ Delete
 NAME **MITCHELL, DELVRA**
 STREET ADDRESS **633 ASTARIAS CIR**
 CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **TD** ☒ Delete
 NAME **KULL, ROBIN**
 STREET ADDRESS **15477 BRIAR RIDGE CIR**
 CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Delete
 NAME **GOSS, REV. PHIL**
 STREET ADDRESS **1238 SE 13 AVE**
 CITY-ST-ZIP **CAPE CORAL FL**

TITLE **SD** ☒ Delete
 NAME **REYNOLDS, LINDA**
 STREET ADDRESS **5657 EICHEN CR.**
 CITY-ST-ZIP **FT. MYERS FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Change ☒ Addition
 NAME **TOR OSTENSEN**
 STREET ADDRESS **11411 BENT PINE DR**
 CITY-ST-ZIP **FT MYERS FL 33913**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **REV. GARY COX**
 STREET ADDRESS **2061 MC GREGOR BLVD**
 CITY-ST-ZIP **FT. MYERS FL 33901**

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

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

TITLE **D** ☐ Change ☒ Addition
 NAME **RONALD STRINE**
 STREET ADDRESS **13960 LLOYD RD**
 CITY-ST-ZIP **N. FT MYERS FL 33917**

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

2/6/01

939-5504

CR2E037 (10/00)