

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

C0022034



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: **65-0212345**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	HARTSELL, STEVEN C	1833 HENDRY ST	FT MYERS FL	<input checked="" type="checkbox"/>
PD	OCONNOR, JOHN	3003 TAMiami TRIAL N	NAPLES FL	<input checked="" type="checkbox"/>
D	MITCHELL, DELVRA	633 ASTARIAS CIR	FT MYERS FL 33919	<input checked="" type="checkbox"/>
TD	KULL, ROBIN	15477 BRIAR RIDGE CIR	FORT MYERS FL 33912	<input checked="" type="checkbox"/>
D	GOSS, REV. PHIL	1238 SE 13 AVE	CAPE CORAL FL	<input type="checkbox"/>
SD	REYNOLDS, LINDA	5657 EICHEN CR.	FT. MYERS FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TD	TORALV OSTENSEN	11411 BENT PINE DR	FT MYERS FL 33913	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	REV. GARY COX	2061 MC GREGOR BLVD	FT. MYERS FL 33901	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	RONALD STRINE	13960 LLOYD RD	N. FT MYERS FL 33917	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 OBTAINED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01
 Date

939-5504
 Daytime Phone #

CR2E037 (10/00)