

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90226 004 \*\*\*\*61.25

659897

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N41360

**1. Entity Name**  
 MAINLINE INDUSTRIAL PARK OWNERS' ASSOCIATION, INC.

**Principal Place of Business** 4589 Orange River Loop Rd.  
 Fort Myers, FL 33905

**Mailing Address** 4589-Orange River Loop Rd.  
 Fort Myers, FL 33905

**2. Principal Place of Business** Suite, Apt. #, etc.  
 City & State  
 Zip Country

**3. Mailing Address** Suite, Apt. #, etc.  
 City & State  
 Zip Country

**4. FEI Number** 65-0320832  
 Applied For Not Applicable

**5. Certificate of Status Desired** ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 WINESETT, RICHARD W.  
 2248 First Street  
 Fort 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.

**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** ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYES, PATRICK J.	
STREET ADDRESS	4589 ORANGE RIVER LOOP RD	
CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	CORBETT, D.K.	
STREET ADDRESS	4589 ORANGE RIVER LOOP RD.	
CITY-ST-ZIP	FORT MYERS, FL 33905	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILEY, THOMAS M. JR.	
STREET ADDRESS	7642 EAGLET COURT	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *D.K. Corbett* Vice President 3/30/01 941-693-5919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Daytime Phone #

D.K. Corbett

CR2E037 (11/00)