

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90076 020 \*\*\*\*61.25

DOCUMENT # N41360

1. Entity Name

MAINLINE INDUSTRIAL PARK OWNERS' ASSOCIATION, IN  
C.

Principal Place of Business

4589 ORANGE RIVER LOOP ROAD  
FORT MYERS FL 33905  
US

Mailing Address

4589 ORANGE RIVER LOOP ROAD  
FORT MYERS FL 33905  
US

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

65-0320832

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

WINESETT, RICHARD W  
2248 FIRST STREET  
FT. MYERS FL 33901

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HAYES, PATRICK J  
STREET ADDRESS 4589 ORANGE RIVER LOOP ROAD  
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

TITLE VTD  
NAME CORBETT, D K  
STREET ADDRESS 4589 ORANGE RIVER LOOP ROAD  
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

TITLE SD  
NAME WILEY, THOMAS M. JR.  
STREET ADDRESS 7642 EAGLET COURT  
CITY-ST-ZIP FT. MYERS FL 33912 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

DICKIE CORBETT, V.P. 1/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)