

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000104

1. Entity Name

LEE COUNTY SPORTS OFFICIALS, INC.

Principal Place of Business

318 SE 43RD LANE  
CAPE CORAL FL 33904

Mailing Address

318 SE 43RD LANE  
CAPE CORAL FL 33904

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

65-0368966

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALENTE, SAL  
318 SE 43 LANE  
CAPE CORAL FL 33904

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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTM  
VALENTE, SAL  
318 SE 43 LANE  
CAPE CORAL FL 33904

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
HANGER, ED  
1210 SW 8TH CT  
CAPE CORAL FL 33991

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SANTIAGO-LAMERANO  
3220 LA COSTA CIR APT 101  
NAPLES FL 34105

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE: SAL VALENTE

1-7-2002 (94) 945-1440

FILED

Jan 10, 2002 8:00 am  
Secretary of State

01-10-2002 90016 020 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)