

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001171

1. Entity Name

FOUNDATION FOR THE LEE COUNTY LIBRARY SYSTEM, IN

Principal Place of Business

Mailing Address

~~1201 CAPE CORAL PARKWAY~~  
CAPE CORAL FL 33904

~~1201 CAPE CORAL PARKWAY~~  
CAPE CORAL FL 33904-9604

2. Principal Place of Business

3. Mailing Address

1420 SE 47TH ST.

1420 SE 47TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0418478

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

BALL, DIXIE L

~~1201 CAPE CORAL PARKWAY~~  
CAPE CORAL FL 33904

Name

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

1420 SE 47TH ST.

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

*Dixie Lee Ball*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/00

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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SLATON, NELLIE  
4402 SE 13TH AVE  
CAPE CORAL FL 33904

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GURWIT, MARTHA DR  
1927 SE 13TH STREET  
CAPE CORAL FL 33990

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
BALL, DIXIE L  
1201 CAPE CORAL BLVD  
CAPE CORAL FL 33904

TITLE ☒ Change ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1420 SE 47TH STREET

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
YATES, GINNY  
407 CAPE CORAL PKWY W  
CAPE CORAL FL 33914

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

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NAME  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dixie Lee Ball*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00 (941) 549-51

DATE

DAYTIME PHONE #