

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0088807

DOCUMENT # N94000004929

1. Entity Name

MINORITY CONTRACTORS ASSOCIATION OF LEE COUNTY, INC.



Principal Place of Business

**2267 FRENCE ST
FT MYERS FL 33916
US**

Mailing Address

**2267 FRENCH ST
FT MYERS FL 33916
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SMITH, HORACE
2267 FRENCE ST
FT MYERS FL 33916**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **PD** ☐ Delete
NAME: **BROWN, JOE**
STREET ADDRESS: **1713 SE 7TH ST.**
CITY-ST-ZIP: **CAPE CORAL FL 33990**

TITLE: **VD** ☐ Delete
NAME: **SMITH, HORACE**
STREET ADDRESS: **3318 LINCOLN BLVD.**
CITY-ST-ZIP: **FT MYERS FL 33916**

TITLE: **SD** ☒ Delete
NAME: **DAVIS, LARRY**
STREET ADDRESS: **3317 EDISON AVE**
CITY-ST-ZIP: **FT MYERS FL**

TITLE: **TD** ☐ Delete
NAME: **ADAMS, NEAL JR**
STREET ADDRESS: **2267 FRENCH STREET**
CITY-ST-ZIP: **FORT MYERS FL 33916**

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:

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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: *Neal Adams Jr* **NEAL ADAMS JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 (239) 334-2223

Date Daytime Phone #

CR2E037 (10/02)