

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90015 048 \*\*\*\*70.00

DOCUMENT # N95000005440

1. Entity Name

THE FORT MYERS FENCING CLUB, CORPORATION

Principal Place of Business

Mailing Address

4210 FOWLER ST.  
UNIT 9 & 10  
FT MYERS FL 33901

4210 FOWLER ST.  
UNIT 9 & 10  
FT MYERS FL 33901-2619

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

65-0647917

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

PRETTYMAN, MICHELLE  
9143 CALOOSA RD  
FT MYERS FL 33907

Name STEPHEN LEUNG

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

1425 ALCAZAR AVE.

City FORT MYERS,

FL

Zip Code 33901

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRETTYMAN, MICHELLE	
STREET ADDRESS	9143 CALOOSA RD	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FJIGUEROA, LYNNE M	
STREET ADDRESS	1617 SW 28 TERR	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLES	
STREET ADDRESS	4165 E. RIVER DR.	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEUNG, STEPHEN	
STREET ADDRESS	1425 ALCAZAR AVE.	
CITY-ST-ZIP	FT. MYERS FL 33901	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/00

Date

(941) 332-2617

Daytime Phone #

CR2E037 (9/99)