

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003336

1. Entity Name

ESTERO BAY MARINE LABORATORY, INC.

Principal Place of Business

718 FISHERMAN'S WHARF
FORT MYERS BEACH FL 33931

Mailing Address

P O BOX 08275
FT MYERS FL 33908-0181
US

2. Principal Place of Business

3. Mailing Address

931 CREIGHTON DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CITY & STATE
FORT MYERS, FL

Zip

Country

Zip

Country

33919

USA

4. FEI Number

65-0679085

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

LEE, THOMAS J
12307 MCGREGOR WOODS CIRCLE
FORT MYERS FL 33908

Name

LEE, THOMAS J.

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

931 CREIGHTON DR.

City

FORT MYERS

FL

Zip Code

33919

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

Thomas J Lee

4-9-00

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	LEE, THOMAS J	
STREET ADDRESS	718 FISHERMAN'S WHARF	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MITCHELL-TAPPING, HUGH J PH. D.	
STREET ADDRESS	718 FISHERMAN'S WHARF	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	STD	<input type="checkbox"/> Delete
NAME	UPTON, DAVID S	
STREET ADDRESS	718 FISHERMAN'S WHARF	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CATHY R	
STREET ADDRESS	718 FISHERMAN'S WHARF	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, THOMAS J.	
STREET ADDRESS	931 CREIGHTON DR.	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL-TAPPING, HUGH J. PH.D.	
STREET ADDRESS	13910 EAGLE RIDGE LAKES #202	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CATHY R.	
STREET ADDRESS	931 CREIGHTON DR.	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Thomas J Lee THOMAS J. LEE, DIRECTOR 4-9-00

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90010 014 ****61.25

CR2E037 (9/99)