

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N96000005423**

1. Entity Name

Lee County Softball League, Inc.

Principal Place of Business

3722 Luzon Street
Fort Myers FL 33901

Mailing Address

300004662993-4
-11/01/01--01055--018
****358.75 ****358.75

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3722 Luzon Street

Suite, Apt. #, etc.

City & State

Fort Myers FL

Zip

Country

USA

4. FEI Number

650708655

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Koppler, Dion
1515 Sunkist Way
Fort Myers FL 33905

Name

Horne, Denise

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

3722 Luzon Street

City

Fort Myers

FL

Zip Code 33901

7. Name and Address of New Registered Agent

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 re-registering)

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Director
Denise Horne
3722 Luzon Street
Fort Myers FL 33901

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Director
Dion Koppler
1515 Sunkist Way
Fort Myers FL 33905

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Director
Sal Valente
318 SE 43rd Lane
Cape Coral FL 33990

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Director
Suzanne Magner
18265 Columbus
Fort Myers FL 33912

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Director
Cindy Vaccarino
6361 Argonne
Fort Myers FL 33912

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

Director
Cindy Vaccarino
6361 Argonne
Fort Myers FL 33912

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

Director
Joe Russell
Fort Myers FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

Director
Verlof Sturm
Fort Myers FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

Ed Hanger
Fort Myers FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

Director
Jeanie Drotleff
Fort Myers FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

Suzanne Magner
Director
Fort Myers FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Addition

Director
Cindy Vaccarino
Fort Myers FL

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

8/26/01

941-728-2525

FILED

01 OCT 17 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99-01

CR2E037 (11/00)