

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

0045438

**DOCUMENT # N96000005423**

1. Entity Name

LEE COUNTY SOFTBALL LEAGUE, INC.

04-18-2002 90434 002 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3722 LUZON STREET  
 FT MYERS FL 33901

3722 LUZON STREET  
 FT MYERS FL 33901

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

65-0708655

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

HORNE, DENISE  
 3722 LUZON STREET  
 FT MYERS FL 33901

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.

SIGNATURE

*Denise Horne*

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

(NOTE: Registered Agent signature required when reinstating)

4/8/02

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 **D** ☐ Delete  
 NAME **HORNE, DENISE**  
 STREET ADDRESS **3722 LUZON STREET**  
 CITY-ST-ZIP **FT MYERS FL 33901**

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

TITLE **D** ☐ Delete  
 NAME **KOPPLER, DION**  
 STREET ADDRESS **1515 SUNKIST WAY**  
 CITY-ST-ZIP **FT MYERS FL 33905**

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

TITLE **D** ☐ Delete  
 NAME **VALENTE, SAL**  
 STREET ADDRESS **318 SE 43RD LANE**  
 CITY-ST-ZIP **CAPE CORAL FL 33990**

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

TITLE **D** ☒ Delete  
 NAME **MAGNER, SUZANNE**  
 STREET ADDRESS **18265 COLUMBINE ROAD**  
 CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE **D** ☒ Delete  
 NAME **VACCARINO, CINDY**  
 STREET ADDRESS **6361 ARGAGONE WAY**  
 CITY-ST-ZIP **FORT MYERS FL 33912**

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

TITLE **D** ☒ Delete  
 NAME **HANGER, ED**  
 STREET ADDRESS **1210 S.W. 8TH COURT**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE ☐ Change ☐ 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:

*Denise Horne*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

Date

941-334-2722

Daytime Phone #

CR2E037 (9/01)