

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006812

1. Entity Name

FAST FORDS OF LEE COUNTY, INC.

Principal Place of Business

Mailing Address

1417 SW 18TH TERRACE
CAPE CORAL FL 33991

1417 SW 18TH TERRACE
CAPE CORAL FL 33991-3233

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

7. Name and Address of New Registered Agent

HECK, NED R
1417 SW 18TH TERRACE
CAPE CORAL FL 33991

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

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	P	<input type="checkbox"/> Delete
NAME	PALUMBO, FRANK	
STREET ADDRESS	5837 RIVERSIDE LN	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SHAFFER, JACK	
STREET ADDRESS	121 HOLLAND ST.	
CITY-ST-ZIP	NORTH FT. MYERS FL 33917	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	O'CONNELL, MAURICE	
STREET ADDRESS	4830 COQUINA RD	
CITY-ST-ZIP	FT. MYERS BEACH FL 33931	
TITLE	T	<input type="checkbox"/> Delete
NAME	HECK, NED R	
STREET ADDRESS	1417 SW 18TH TERR	
CITY-ST-ZIP	CAPE CORAL FL 33981	
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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, THOMAS	
STREET ADDRESS	17173 CAPRI DR.	
CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNEIDING, MO	
STREET ADDRESS	459 NATHAN HALE LN	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	
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		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90026 013 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)