

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91345 023 ****61.25

DOCUMENT # N98000000102

1. Entity Name

LEE COUNTY PULLING TOGETHER (LCPT), INC.

Principal Place of Business

2120 MAIN STREET
 ROOM 200
 FORT MYERS FL 33901

Mailing Address

P.O. BOX 398
 FORT MYERS, FL 33902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0786997

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSEBERRY, RICHARD L
5313 BAYSHORE AVENUE
CAPE CORAL FL 33904

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

Richard L. Roseberry

4/15/01

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 **D** ☐ Delete
 NAME **MCKINNEY, CHARLES DR**
 STREET ADDRESS **17595 TAMiami TRAIL**
 CITY-ST-ZIP **FORT MYERS FL 33908**

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

TITLE **PD** ☐ Delete
 NAME **JACOBI, FRITZ**
 STREET ADDRESS **2442 DR. MARTIN LUTHER KING JR BLVD.**
 CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE **D** ☐ Delete
 NAME **HUBBARD, JACQUELINE**
 STREET ADDRESS **POST OFFICE BOX 999**
 CITY-ST-ZIP **FORT MYERS FL 33902**

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

TITLE **VD** ☐ Delete
 NAME **ANDERSON, AUOREA**
 STREET ADDRESS **1766 MARYLN ROAD**
 CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE ☒ Change ☐ Addition
 NAME **ANDERSON, AUDREA**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ALBION, JOHN**
 STREET ADDRESS **POST OFFICE BOX 398**
 CITY-ST-ZIP **FORT MYERS FL 33902**

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

TITLE **D** ☐ Delete
 NAME **NATHAN, JIM**
 STREET ADDRESS **333 HIBISCUS DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33912**

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

Richard L. Roseberry

4/15/01 941-335-2981

CR2E037 (10/00)