

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90392 041 ****70.00

DOCUMENT # N99000002591

1. Entity Name

SUPERIOR SMALL LODGING OF LEE COUNTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1652 N. TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

1652 N. TAMiami TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH FORT MYERS, FL

Zip

33903

Country

USA

City & State

NORTH FORT MYERS, FL

Zip

33903

Country

USA

4. FEI Number

65-0878426

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

H. R. BLANCHETTE

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

1652 NORTH TAMiami TRAIL

City

NORTH FORT MYERS

FL

Zip Code

33903

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

FEE IS \$61.25
Initial or Amended UBR

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
TD
BLANCHETTE, H. R.
1652 N. TAMiami TRAIL
NORTH FORT MYERS, FL 33903

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
SHIPPAS, NANCY
2631 FIRST STREET
FORT MYERS, FL 33916

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
CARRIERE, ANDREA
1207 ESTERO BLVD
FORT MYERS BEACH, FL 33931

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
FALISE, PAUL
510 ESTERO BLVD
FORT MYERS, FL 33931

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. R. BLANCHETTE

6/4/02 239-995-2455

Date

Daytime Phone #

CR2E037B (12/01)