2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002591

SUPERIOR SMALL LODGING OF LEE COUNTY, INC.



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90160 042 ****61.25

			WE THE					
11 FAST 18/200 St. 2000		Mailing Address 1652 N TAMIAMI TRAIL N. FORT MYERS FL 33903				de A. Brison		
2. Principal Place of Business 3.		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 65-0878426			7
Zip	Country	Zip	Country			\$8.75 Ad	lot Applicable	1
6. Name and Address of Current		nt Pegietorod Agent		Certificate of Status Desired				
		nt riegistered Agent	Name	7. Name and Addre	ss of New Hegistered	Agent		┨
BLANCHETTE, HR 1652 N TAMIAMI TRAIL N FORT MYERS FL 33903				Street Address (P.O. Box Number is Not Acceptable)				
			City		FI	Zip Cod	de	ł
8. The above	e named entity submits this statement	for the purpose of changing its	registered office or regist	tered agent, or both, in th			and against	┦
the obliga	itions of registered agent.	and the heart of the same and the	regions of region	croa agent, or boat, in th		Harilinai Willi,	, апо ассерт	
8	•							
SIGNATURE	Signature, typed or printed name of registered age			······································				
		nt and title if applicable. (NOTE	E: Registered Agent signature require	red when reinstating)	DATE			l
	FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. Show Added to Fee					
10.	OFFICERS AND D	NOCOTORO			·			Ì
TITLE	TD OFFICERS AND L		11.	ADDITIONS/CHANGES	TO OFFICERS AND D			_
NAME	BLANCHETTE, H R.	☐ Delete	TITLE NAME			☐ Change	Addition Addition	CO/
STREET ADDRESS	1652 N TAMIAMI TRAIL		STREET ADDRESS					1
CITY-ST-ZIP	N FORT MYERS FL 33903		CITY-ST-ZIP					37
TITLE	VD	☐ Delete	TITLE				- Lance	ŭ
NAME	SHIPPAS, NANCY	□ Delete	NAME			☐ Change	☐ Addition	ם
STREET ADDRESS	2631 FIRST ST		STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS FL 33916	e e e e e e e e e e e e e e e e e e e	CITY-ST-ZIP		nink washing a		-· -	
TITLE	SD	☐ Delete	TITLE			Change	Addition	
NAME	CARRIERE, ANDREA		NAME			oago		
STREET ADDRESS	1207 ESTERO BLVD		STREET ADDRESS					
CITY-ST-ZIP	FORT MYERS BEACH FL 33931		CITY-ST-ZIP					
TITLE	DP	☐ Delete	TITLE			☐ Change	Addition	
NAME	FALISE, PAUL		NAME					
STREET ADDRESS	510 ESTERO BLVD		STREET ADDRESS					
CITY-ST-ZIP	FT MYERS BEACH FL 33931		CITY-ST-ZIP				ł	
TITLE	•	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME		•	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS					
			CITY-ST-ZIP		<u> </u>			
TTLE KAME		☐ Delete	TITLE			☐ Change	☐ Addition	
TREET ADDRESS			NAME STREET ADDRESS		• "			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
l	ertify that the information supplied with	h this filing does not qualify for		action 110.07/07/1 Fr 11	L. O			
	and the another supplied Will	n and mind does not duality for t	me exemption stated in Si	ecaon 119 (1733)(i). Florid	a Statutee I further co-	titu that the in	formed as	

Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.0/(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

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