

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000031515

1. Entity Name
MYERLEE DEVELOPMENT COMPANY

FILED
Apr 05, 2001 8:00 am
Secretary of State
04-05-2001 90083 031 ***150.00

Principal Place of Business
**8691 PATTY BERG CT
FT MYERS FL 33919
US**

Mailing Address
**P.O. BOX 07177
FT MYERS FL 33919
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7213 WINKLER ROAD

3. Mailing Address
Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
City & State

Zip
33919

Country
LEE

Zip
Country

4. FEI Number **65-0404557**

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

**MEMOLI, GUY
8691 PATTYBERG CT
FT MYERS FL 33919**

Name
Street Address (P.O. Box Number is Not Acceptable)
7213 WINKLER ROAD
City **FORT MYERS** **FL** Zip Code **33919**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MEMOLI, GUY
8691 PATTY BERG CT
FT MYERS FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7213 WINKLER ROAD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MEMOLI, ALBERT
8691 PATTY BERG CT
FORT MYERS FL 33919** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
14227 PATTY BERG DR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
STAFFILE, PAUL
14303 PATTY BERG CT
FORT MYERS FL 33919** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01 941-454-3350
Date Daytime Phone #

CR2E034 (10/00)