

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000045575

1. Entity Name

LEE SQUARED, INC.

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90080 028 \*\*\*150.00

Principal Place of Business

10381 TAMiami TRAIL  
 UNIT 8  
 PUNTA GORDA FL 33950  
 US

Mailing Address

10381 TAMiami TRAIL  
 UNIT 8  
 PUNTA GORDA FL 33950-9342  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0498780

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

WIDMEYER, STEPHAN B  
 3871-A TAMiami TRAIL  
 PORT CHARLOTTE FL 33952

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MCMaster, PEGGY S.	
STREET ADDRESS	1691 HUNTERS CREEK DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMaster, JEFFERY T	
STREET ADDRESS	1691 HUNTER'S CREEK DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHULER, COLE C	
STREET ADDRESS	4206 WESLEY LN	
CITY-ST-ZIP	NORTHPORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, RONALD D	
STREET ADDRESS	5497 LADY SLIPPER AVE	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURRAY, TRICIA S	
STREET ADDRESS	5497 LADY SLIPPR AV	
CITY-ST-ZIP	NORTPORT FL 34286	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCMaster, KENNETH E	
STREET ADDRESS	25163 MARION AVENUE LOT 9	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Myers, Howard C., Jr.	
STREET ADDRESS	11077 S.W. Branson Ave.	
CITY-ST-ZIP	Arcadia, FL 34266	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Tricia S. Murray* Tricia S. Murray, Director 4-24-00 941-575-1115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)