

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000067392

1. Entity Name

THE BASKET CASE OF SOUTHWEST FLORIDA, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90113 047 ***150.00

Principal Place of Business

12381 CLEVELAND AVE. SUITE 204
FT MYERS FL 33907

Mailing Address

12381 CLEVELAND AVE. SUITE 204
FT MYERS FL 33907-3851

2. Principal Place of Business

4939 SKATES Cir
Suite, Apt. #, etc.

3. Mailing Address

4939 SKATES CIR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft. Myers FL

City & State

Ft. Myers, FL

4. FEI Number

65-0608736

Applied For

Not Applicable

Zip

Country

33905 Lee

Zip

Country

33905 Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFERY, ROGER
12381 CLEVELAND AVE, SUITE 204
FT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

KATHRYN VAUGHN

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

4939 SKATES CIR

City

Ft. MYER

FL

Zip Code

33905

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

ROGER Jeffery - Director

2/26/00

(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

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JEFFERY, LUCILLE | |
| STREET ADDRESS | 15793 SAN ANTONIO CT | |
| CITY-ST-ZIP | FT MYERS FL 33908 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MCGAHEY, CAROLYNN | |
| STREET ADDRESS | 1031 BAYSHORE AVE | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MCGAHEY, DAN R | |
| STREET ADDRESS | 1031 BAYSHORE AVE | |
| CITY-ST-ZIP | FT MYERS FL 33919 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | JEFFERY, ROGER | |
| STREET ADDRESS | 12381 CLEVELAND AVE, SUITE 204 | |
| CITY-ST-ZIP | FT MYERS FL 33907 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------|--|
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KATHRYN VAUGHN | |
| STREET ADDRESS | 4939 SKATES CIR | |
| CITY-ST-ZIP | FT. MYERS FL 33905 | |
| TITLE | DORENE BROOK | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 4939 SKATES CIR | |
| STREET ADDRESS | FT. MYERS FL 33905 | |
| 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:

KATHRYN VAUGHN

4.300

Date

941-693-1343

Daytime Phone #

CR2E034 (9/99)