

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

04-10-2001 90026 007 ***150.00

DOCUMENT # P97000069115**1. Entity Name****METRO PARKWAY LEE COUNTY, INC.****Principal Place of Business**705 E. OAK ST., STE. E
KISSIMMEE FL 34744**Mailing Address**705 E. OAK ST., STE. E
KISSIMMEE FL 34744**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

204 E. 17TH STREET

Suite, Apt. #, etc.

SUITE 202

City & State

COSTA MESA, CA 92627

Zip

Country

USA

4. FEI Number

59-3462361

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent**WILLIAMS, JIMMIE D
705 E. OAK ST., STE. E
KISSIMMEE FL 34744**7. Name and Address of New Registered Agent****Name**

DECUBELLIS & MEEKS PROFESSIONAL ASSOCIATION

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

837 NORTH GARLAND AVENUE

City
ORLANDO

FL

Zip Code

32801

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

4/26/2001

**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**

TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JIMMIE D	
STREET ADDRESS	705 E. OAK ST., STE. E	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUMPERT, RICHARD A	
STREET ADDRESS	1216 N. TUSTIN ST.	
CITY-ST-ZIP	ORANGE CA 92867	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STINE, WILLIAM J	
STREET ADDRESS	2801 KISSIMMEE BAY BLVD.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JIMMIE D	
STREET ADDRESS	204 E. 17TH STREET, SUITE 202	
CITY-ST-ZIP	COSTA MESA, CA 92627	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUMPERT, RICHARD A	
STREET ADDRESS	204 E. 17TH STREET, SUITE 202	
CITY-ST-ZIP	COSTA MESA, CA 92627	
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:

Jimmie D Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-01 (949) 764-2669

Date

Daytime Phone #

CR2E034 (10/00)