

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102724

1. Entity Name

KIMBA OF LEE COUNTY, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90071 026 ***150.00

Principal Place of Business

237 JOEL BLVD.
LEHIGH ACRES FL 33972

Mailing Address

237 JOEL BLVD.
LEHIGH ACRES FL 33972

2. Principal Place of Business

3. Mailing Address

12670 New Brittany Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

City & State

City & State

Fort Myers, FL

4. FEI Number

65-0963762

Applied For

Not Applicable

Zip

Country

Zip

Country

33907

USA

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

ROYSTON, ROBERT D JR
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS FL 33907

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLANINGER, HELGA	NAME	
STREET ADDRESS	PO BOX 425	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33970	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLANINGER, GERHARD	NAME	
STREET ADDRESS	PO BOX 425	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33970	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Willi Schwarzmeier
STREET ADDRESS		STREET ADDRESS	P.O. Box 425
CITY-ST-ZIP		CITY-ST-ZIP	Lehigh Acres, FL 33970
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)