

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00883

1. Entity Name

LEE COUNTY ACCEPTANCE CORPORATION

Principal Place of Business

4852 PALM BEACH BLVD  
FT. MYERS FL 33905  
US

Mailing Address

4852 PALM BEACH BLVD  
FT. MYERS FL 33905-3234  
US

2. Principal Place of Business

5200 PALM BEACH BLVD.

3. Mailing Address

5200 PALM BEACH BLVD

Suite, Apt. #, etc.

FT. MYERS, FL.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS, FL.

Zip

Country

33905

USA

Zip

Country

33905

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, ROBERT T.  
8401 HENDERSON GRADE RD.  
N. FT. MYERS FL 33908

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
SHAW, ROBERT T.  
8401 HENDERSON GRADE RD.  
N. FT. MYERS FL 33917

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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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:

Robert T. Shaw ROBERT T. SHAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90287 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0300854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

CR2E034 (9/99)