

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15120

1. Entity Name

Y.Y.A.B. OF LEE COUNTY, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90079 010 ***150.00

Principal Place of Business

1318 LAFAYETTE ST
CAPE CORAL FL 33904

Mailing Address

1318 LAFAYETTE ST
CAPE CORAL FL 33904-9770

2. Principal Place of Business

2520 SE 24th Place

Suite, Apt. #, etc.

3. Mailing Address

1317 SE 46th Lane

Suite, Apt. #, etc.

#207

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

Zip

33904-8624

Country

4. FEI Number

65-0315648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HILL, THOMAS W.
1318 LAFAYETTE ST
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent

Name

Elfriede Green

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

2520 SE 24th Place

City

Cape Coral

FL

Zip Code

33904

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.

Elfriede Green

01-17-2000

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
NAME HILL, THOMAS
STREET ADDRESS 1318 LAFAYETTE ST
CITY-ST-ZIP CAPE CORAL FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE P
NAME Juergen Hennecke
STREET ADDRESS 2520 SE 24th Place
CITY-ST-ZIP Cape Coral, FL 33904 ☐ Change ☒ Addition

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

TITLE D
NAME Lydia Thiersmann
STREET ADDRESS 1317 SE 46th Lane #207
CITY-ST-ZIP Cape Coral, FL 33904-8624 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
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: Lydia Thiersmann Lydia Thiersmann

1/17/00

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F034 (9/99)