

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90050 029 ****61.25

DOCUMENT # 718197

1. Entity Name

THE ART LEAGUE OF MARCO ISLAND, INC.

Principal Place of Business

1010 WINTERBERRY DRIVE
 MARCO ISLAND FL 34145-5427
 US

Mailing Address

1010 WINTERBERRY DRIVE
 MARCO ISLAND FL 34145
 US

843822



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1754367

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HILL, JOHN R
 571 S. COLLIER BLVD
 MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DA	<input checked="" type="checkbox"/> Delete
NAME	STRAMGER, MARTY S	
STREET ADDRESS	1660 COAPLAND DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DVP2	<input type="checkbox"/> Delete
NAME	JORDT, JEANNE	
STREET ADDRESS	1870 APATAKI CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DA	<input checked="" type="checkbox"/> Delete
NAME	LAIRD, JANE	
STREET ADDRESS	174 S COLLIER BLVD #401	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GANORE, BOB	
STREET ADDRESS	340 CAPISTRANO CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DA	<input checked="" type="checkbox"/> Delete
NAME	SCHUMER, HARRY	
STREET ADDRESS	1215 EDINGTON PL 0-1	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	DA	<input type="checkbox"/> Delete
NAME	HORN, CHARLES	
STREET ADDRESS	356 ROOKERY CT.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDBERG, DOLORES	
STREET ADDRESS	980 Cape Marco Dr. #1707	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDSAY, NANCY	
STREET ADDRESS	1262 Antigua Ct.	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	DA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON, ROSE	
STREET ADDRESS	342 Henderson Ct.	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, ROBERT	
STREET ADDRESS	421 Pheasant Ct.	
CITY-ST-ZIP	Marco Island, FL 34145	
TITLE	DVP1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, CHARLES	
STREET ADDRESS	356 Rookery Ct.	
CITY-ST-ZIP	Marco Island, FL 34145	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeaneen Hess
 Jeaneen Hess, Administrator 5/1/01 941/394-4221

CR2E037 (10/00)