

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 29, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90083 031 \*\*\*61.25

**DOCUMENT # 720269** R

1. Entity Name  
**GASPARILLA ISLAND CONSERVATION AND IMPROVEMENT A**

Principal Place of Business <b>RM. 4. B.G.C.C. 1ST STREET          P. O. BOX 446          BOCA GRANDE FL 33921</b>	Mailing Address <b>RM. 4. B.G.C.C. 1ST STREET          P. O. BOX 446          BOCA GRANDE FLA 33921-0446</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>23-7097778</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>GAMBLING, JOHN</b>				Name			
<b>1612 JASPER DR S 1612 Gaspar Dr. South</b>				Street Address (P.O. Box Number is Not Acceptable)			
<b>BOCA GRANDE FL 33921</b>				City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MORRISONN, JUDY 7 PEEKINS COVE BOCA GRANDE FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT HARRINGTON, Roby 4021 40th Street West Boca Grande, FL 33921</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRICKEN, ELSIE 140 S PALM AVENUE BOCA GRANDE, FL 00000 33921</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER DACEY, MICHAEL 459 Blue Teal Dr. Boca Grande, FL 33921</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ROBBINS, NAT 1627 GASPAR DRIVE SOUTH BOCA GRANDE FL 33921</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR BENTON, PHILIP F. 4025 Shore Lane Boca Grande, FL 33921</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BURKE, CHRIS. R #12 SEAWATCH, GULF SHORES DRIVE BOCA GRANDE FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR BUETTIN, WILLIAM 5000 Gasparilla Road Boca Grande, FL 33291</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FITZGERALD, RICHARD 1945 19TH ST BOCA GRANDE FL 33921</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR BENTON, PHILIP 4025 Shore Lane Boca Grande, FL 33921</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR BURCHAM, THOMAS 191 Damfiwill Street Boca Grande, FL 33291</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Patricia A. Lowe Patricia A. Lowe Date: 5/1/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #