

5/18

FILED
Jun 20, 2001 8:00 am
Secretary of State

05-18-2001 91246 032 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720269

1. Entity Name

GASPARILLA ISLAND CONSERVATION AND IMPROVEMENT A

(Handwritten initials)

Principal Place of Business RM. 4, B.G.C.C. 1ST STREET P. O. BOX 446 BOCA GRANDE FL 33921	Mailing Address RM. 4, B.G.C.C. 1ST STREET P. O. BOX 446 BOCA GRANDE FL 33921
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-7097778	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

~~GAMBLING, JOHN -~~
~~1812 JASPER DR S~~
~~BOCA GRANDE FL 33921~~

7. Name and Address of New Registered Agent

Name: **SUBAK, John**
Street Address (P.O. Box Number is Not Acceptable): **280 Lee Avenue**
Boca Grande, FL 33921
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 John Subak *John Subak* 4-27-01
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: S NAME: MORRISONN, JUDY STREET ADDRESS: 7 PEEKINS COVE CITY-ST-ZIP: BOCA GRANDE FL	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BRICKEN, ELSIE STREET ADDRESS: 140 S PALM AVENUE CITY-ST-ZIP: BOCA GRANDE, FL 00000 33921	<input checked="" type="checkbox"/> Delete
TITLE: T NAME: ROBBINS, NAT STREET ADDRESS: 1627 GASPAR DRIVE SOUTH CITY-ST-ZIP: BOCA GRANDE FL 33921	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: BURKE, CHRIS R STREET ADDRESS: #12 SEAWATCH, GULF SHORES DRIVE CITY-ST-ZIP: BOCA GRANDE FL	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: FITZGERALD, RICHARD STREET ADDRESS: 1945 19TH ST CITY-ST-ZIP: BOCA GRANDE FL 33921	<input checked="" type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VP NAME: BURCHAM, Thomas STREET ADDRESS: 191 Damfiwill St. CITY-ST-ZIP: Boca Grande, FL 33921	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HANLEY, Cotton STREET ADDRESS: 1632 Treasure Lane CITY-ST-ZIP: Boca Grande, FL 33921	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: DACEY, Michael STREET ADDRESS: 459 Blue Teal Drive CITY-ST-ZIP: Boca Grande, FL 33921	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: BENTON, Philip E. (Director) STREET ADDRESS: 4025 Shore Lane CITY-ST-ZIP: Boca Grande, FL 33921	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: BUETTIN; William (Director) STREET ADDRESS: 5000 Gasparilla Road CITY-ST-ZIP: Boca Grande, FL 33921	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Subak, John - President STREET ADDRESS: 280 Lee Avenue CITY-ST-ZIP: Boca Grande, FL 33921	<input type="checkbox"/> Change <input 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)(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: *John Subak* **REQUIRED** 4-27-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)