

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91733 036 ****61.25

DOCUMENT # 720269

1. Entity Name

GASPARILLA ISLAND CONSERVATION AND IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

RM. 4. B.G.C.C. 1ST STREET
 P. O. BOX 446
 BOCA GRANDE FL 33921

RM. 4. B.G.C.C. 1ST STREET
 P. O. BOX 446
 BOCA GRANDE FL 33921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

SUBAK, JOHN
280 LEE AVENUE
BOCA GRANDE FL 33921

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

John Subak

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **BURCHAM, THOMAS**
 STREET ADDRESS **191 DAMFIWILL ST**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **HANLEY, COTTON**
 STREET ADDRESS **1832 TREASURE LANE**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
 NAME *Secretary, Kathleen*
 STREET ADDRESS *9821 Gasparilla Pass Blvd*
 CITY-ST-ZIP *Boca Grande, Fl. 33921*

TITLE **T** Delete
 NAME **DACEY, MICHAEL**
 STREET ADDRESS **459 BLUE TEAL DRIVE**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BENTON, PHILIP E**
 STREET ADDRESS **4025 SHORE LANE**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BUETTIN, WILLIAM**
 STREET ADDRESS **5000 GASPARILLA ROAD**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
 NAME *Fred Berger*
 STREET ADDRESS *186 Carish Bend Lane*
 CITY-ST-ZIP *Boca Grande, Fl. 33921*

TITLE **P** Delete
 NAME **SUBAK, JOHN**
 STREET ADDRESS **280 LEE AVENUE**
 CITY-ST-ZIP **BOCA GRANDE FL 33921**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)