

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90035 041 \*\*\*\*61.25

**DOCUMENT # 732797**

1. Entity Name

**MARCO ISLAND TAXPAYERS' ASSOCIATION, INC.**

Principal Place of Business

1588 HEIGHTS CT  
 MARCO ISLAND FL 34145  
 US

Mailing Address

PO BOX 1263  
 MARCO ISLAND FL 34146  
 US

2. Principal Place of Business

**755 PLANTATION CT.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MARCO ISLAND, FL**

City & State

Zip

Country

Zip

Country

**34145**

**US**

4. FEI Number

**59-1828783**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SCUDERI, SALVATORE C**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>BILES, FAY DR.</b> <b>1588 HEIGHTS CT.</b> <b>MARCO ISLD FL 34145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MERRITT, JEAN</b> <b>861 SOUTH COLLIER BLVD., #104</b> <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SUTAK, MARY</b> <b>300 S COLLIER BLVD., APT 302</b> <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONOVAN, WALTER</b> <b>1511 JAMAICA CT</b> <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOPKINS, JOY</b> <b>225 DAN RIVER COURT</b> <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CROOK, MARK</b> <b>1179 LIGHTHOUSE COURT</b> <b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>RUSS COLOMBO</b> <b>755 PLANTATION CT.</b> <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WALTER JASKIEWICZ</b> <b>420 S. BARFIELD DR.</b> <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JEAN MERRITT</b> <b>265 WATERSIDE CIR. #102</b> <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</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)(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:

**MARK CROOK**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/01**  
 Date

**941-394-4577**  
 Daytime Phone #

CR2E037 (10/00)