

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732797

1. Entity Name

MARCO ISLAND TAXPAYERS' ASSOCIATION, INC.

**FILED**  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90046 047 \*\*\*\*61.25

0050412

Principal Place of Business

Mailing Address

755 PLANTATION CT.  
MARCO ISLAND FL 34145  
US

PO BOX 1263  
MARCO ISLAND FL 34146  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

SCUDERI, SALVATORE C  
571 S COLLIER BLVD  
MARCO ISLAND FL 34145

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PO	<input type="checkbox"/> Delete
NAME	COLOMBO, RUSS	
STREET ADDRESS	755 PLANTATION CT.	
CITY-ST-ZIP	MARCO ISLD FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, JEAN	
STREET ADDRESS	265 WATERSIDE CIR. #102	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JASKIEWICZ, WALTER	
STREET ADDRESS	420 S. BARFIELD DR.	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DONOVAN, WALTER	
STREET ADDRESS	1544 JAMAICA CT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, JOY	
STREET ADDRESS	225 DAN RIVER COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROOK, MARK	
STREET ADDRESS	1179 LIGHTHOUSE COURT	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	DIRECTOR ONLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP BOB PETERSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1721 MACAD CT.	
STREET ADDRESS	MARCO ISLAND, FL 34145	
CITY-ST-ZIP		
TITLE	PP FAY R. BILES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1588 HEIGHTS CT.	
STREET ADDRESS	MARCO ISLAND, FL 34145	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

*Mark Crook* REQUIRE MARK CROOK 1-17-02 941-344-4577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)