

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90155 006 ****61.25

DOCUMENT # 763051

1. Entity Name

FORT MYERS AMATEUR RADIO CLUB, INC.



Principal Place of Business

**3667 KELLY ST
P O BOX 061183 (ZIP: 33906)
FT MYERS FL 33901**

Mailing Address

**P.O. BOX 061183
FT MYERS FL 33906**

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 **59-2234574**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMMONS, G E
3667 KELLY ST
FT MYERS FL 33901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **G.E. Sammons**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Delete
NAME	BENNETT, THOMAS R III	
STREET ADDRESS	2306 ALDRIDGE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	SD	☒ Delete
NAME	SAMMONS, COLLEEN	
STREET ADDRESS	3667 KELLY ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	TD	☐ Delete
NAME	SAMMONS, G.E.	
STREET ADDRESS	3667 KELLY ST	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	D	☒ Delete
NAME	KILPATRICK, CHARLES	
STREET ADDRESS	1425 SAN ROBERTO CIRCLE	
CITY-ST-ZIP	FT. MYERS FL 33919	
TITLE	SD	☒ Delete
NAME	SAMMONS, COLLEN	
STREET ADDRESS	3667 KELLY ST	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	TP	☒ Delete
NAME	SAMMONS, GE	
STREET ADDRESS	3667 KELLY ST	
CITY-ST-ZIP	FORT MYERS FL 33901	

TITLE	R/D	☐ Change ☒ Addition
NAME	BENNETT, THOMAS R	
STREET ADDRESS	2304 ALDRIDGE	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE	V/D	☐ Change ☒ Addition
NAME	LAWRENCE, ADDISON	
STREET ADDRESS	743 ENTRADA DR. SW	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	S/D	☒ Change ☐ Addition
NAME	GROVE E. SAMMONS	
STREET ADDRESS	3667 KELLY ST.	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	T/D	☐ Change ☒ Addition
NAME	COLLEEN SAMMONS	
STREET ADDRESS	3667 KELLY ST.	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	D	☐ Change ☒ Addition
NAME	DUERKES, ROBERT	
STREET ADDRESS	2140 COTTAGE ST.	
CITY-ST-ZIP	FORT MYERS, FL 33901	
TITLE	D	☐ Change ☒ Addition
NAME	MARZONIE, DONALD M.	
STREET ADDRESS	1303 SE 34TH STREET	
CITY-ST-ZIP	CAPE CORAL, FL 33904	

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:

G.E. Sammons **4-1-03** **239-936-1431**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)