

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90030 033 ****61.25

DOCUMENT # N08671

1. Entity Name

ESTUARY OF MARCO, INC.



Principal Place of Business

**P.O. BOX 1915
MARCO ISLAND FL 33969**

Mailing Address

**P.O. BOX 1915
MARCO ISLAND FL 33969**

11026268



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2786912**

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

**SAFE HARBOR MANAGEMENT
ATTN : JEFFREY WILL
233 N. CALLIER 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/24/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Delete
NAME **MAIER, JACK**
STREET ADDRESS **2129 SAN MARCO RD.**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **RIZZO, SAL**
STREET ADDRESS **333 OAKLAND ST.**
CITY-ST-ZIP **W. HEMPSTEAD NY**

TITLE **P** ☒ Change ☐ Addition
NAME **Rizzo, Sal**
STREET ADDRESS **59 Carriage Lane**
CITY-ST-ZIP **Plainview, NY 11803**

TITLE **D** ☒ Delete
NAME **PALYS, CHESTER**
STREET ADDRESS **370 EDGEWATER CT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARTIN, MICHAEL**
STREET ADDRESS **2131 SAN MARCO RD**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BACHORA, MARY**
STREET ADDRESS **112 HEATHER DR.**
CITY-ST-ZIP **BUTLER PA 16001**

TITLE **D** ☒ Change ☐ Addition
NAME **Bachura, Mary**
STREET ADDRESS **112 Heather Dr.**
CITY-ST-ZIP **Butler, PA 16001**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Campkin, Jane**
STREET ADDRESS **8055 Tiger Cove, #602**
CITY-ST-ZIP **Naples, FL 34113**

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:

SIGNATURE REQUIRED

4/24/03

(239) 394-1101

CR2E037 (10/02)