

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90061 025 ****61.25

DOCUMENT # N30686

1. Entity Name

FLORIDA GULF COAST CHAPTER, NSPI, INC.



Principal Place of Business

258 BANGSBERG RD SE
PT CHARLOTTE FL 33952
US

Mailing Address

258 BANGSBERG RD SE
PT CHARLOTTE FL 33952
US

2. Principal Place of Business

3. Mailing Address

2811 Tamiami Tr

2811 Tamiami Tr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PT Charlotte FL

City & State

PT Charlotte FL

Zip

33952

Country

USA

Zip

33952

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1679812

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

BROOKS, MITCHELL T
258 BANGSBERG RD SE
#158
PT CHARLOTTE FL 33952

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)

DATE

FILE NOW: FEE IS \$61.25
Due by 5/1/03

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	D	☐ Delete
NAME	HARSANYI, DOUGLAS	
STREET ADDRESS	9725 DEVONWOOD COURT	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	DP	☐ Delete
NAME	MITCHELL, MICHAEL	
STREET ADDRESS	1822 SE 18TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33990-2309	
TITLE	D	☐ Delete
NAME	SCOTT, JERRY	
STREET ADDRESS	P.O. BOX 1804	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE	DST	☐ Delete
NAME	MAXWELL, DAVID	
STREET ADDRESS	24017 PRODUCTION CIRCLE	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	D	☐ Delete
NAME	HOWE, GARY	
STREET ADDRESS	4414 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	☒ Delete
NAME	GREEN, MARY	
STREET ADDRESS	2104 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL FL 33990	

TITLE	D	☐ Change ☒ Addition
NAME	Hungelmann, Tom	
STREET ADDRESS	21040 Del Prado Blvd	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	D	☐ Change ☒ Addition
NAME	Bodor, Frank	
STREET ADDRESS	6200 10th Ave SW	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	D	☐ Change ☒ Addition
NAME	Martin, Laurie	
STREET ADDRESS	12781-1 Water Lane	
CITY-ST-ZIP	Fort Myers FL 33908	
TITLE	DST	☒ Change ☐ Addition
NAME	maxwell, David	
STREET ADDRESS	13401 Rickenbacker PKWY	
CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE	VD	☒ Change ☐ Addition
NAME	Howe, Gary	
STREET ADDRESS	3030 Del Prado Blvd S.	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	D	☐ Change ☒ Addition
NAME	Howe, Janice	
STREET ADDRESS	3030 Del Prado Blvd S.	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03

CR2E037 (10/02)