

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90139 002 ****61.25

DOCUMENT # N33639

1. Entity Name

FORT MYERS SHORES CIVIC ASSOCIATION, INC.

Principal Place of Business

1980 BAHAMA AVE
FT MYERS SHORES FL 33905
US

Mailing Address

1980 BAHAMA AVE
FT MYERS SHORE FL 33905-2039
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applied

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

BLECKLY, WARREN
1980 BAHAMA AVE
FT MYERS FL 33905

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 **PD** ☐ Delete
NAME **BLECKLY, WARREN**
STREET ADDRESS **1980 BAHAMA AVE**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE **TD** ☐ Delete
NAME **SMEDBERG, ROY**
STREET ADDRESS **13032 8TH STREET**
CITY-ST-ZIP **FT MYERS FL**

TITLE **VD** ☐ Delete
NAME **COTTE, JOHN**
STREET ADDRESS **2008 BAHAMA AVE**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE **SD** ☒ Delete
NAME **BLECKLY, PAT**
STREET ADDRESS **1980 BAHAMA AVT**
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

Roy Smedberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-2000 941-694-7213