

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90379 028 \*\*\*\*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  
 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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BLECKLY, WARREN**  
**1980 BAHAMA AVE**  
**FT MYERS FL 33905**

7. Name and Address of New Registered Agent

Name

**TED BUDD**

Street Address (P.O. Box Number is Not Acceptable)

**13250 MARQUETTE BLVD**

City

**FORT MYERS,**

FL

Zip Code

**33905**

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

*Ted Budd*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/6/01*

**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	<input checked="" type="checkbox"/> Delete
NAME	BLECKLY, WARREN	
STREET ADDRESS	1980 BAHAMA AVE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMEDBERG, ROY	
STREET ADDRESS	13032 8TH STREET	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COTTE, JOHN	
STREET ADDRESS	2008 BAHAMA AVE	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLECKLY, PAT	
STREET ADDRESS	1980 BAHAMA AVT	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUDD, TED	
STREET ADDRESS	13250 MARQUETTE BLVD	
CITY-ST-ZIP	FORT MYERS, FL, 33905	
TITLE		<input 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		<input 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		

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 #

*941-694-7213*

CR2E037 (10/00)