

4/19

FILED
May 17, 2001 8:00 am
Secretary of State

04-19-2001 90329 028 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005875

1. Entity Name

MARCO ISLAND HISTORICAL SOCIETY, INC.

Principal Place of Business

M.J. AREA BRO. OF REALTY
140 WATERWAY DRIVE
MARCO ISLAND FL 34145
US

Mailing Address

BOX 2282
MARCO ISLAND FL 34146
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

59-3425001

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

BRUNER, DAVID E
1645 LUDLOW ROAD
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when remaining)

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 | <input checked="" type="checkbox"/> Delete |
| NAME | TYSON, WILLIAM | |
| STREET ADDRESS | 732 HERNANDO DR | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | NICOLAY, MARION | |
| STREET ADDRESS | 387 NASSAU CT | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | CARLIN, VIRGINIA | |
| STREET ADDRESS | 58 N. COLLIER BLVD #2102 | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | MCPHERSON, CAROLYN R | |
| STREET ADDRESS | 1441 CAXAMBAS CT | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | LYON, DELORES | |
| STREET ADDRESS | 1090 S. COLLIER BLVD | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | |
|----------------|-----------------------------|--|--|
| TITLE | PRESIDENT | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | KHELLAND KRIS, L. | | |
| STREET ADDRESS | 307 CASTAWAY ST | | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | | D |
| TITLE | VICE-PRESIDENT | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | BURNHAM, ELEANOR | | |
| STREET ADDRESS | 1085 BALD EAGLE DR. (B-302) | | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | | D |
| TITLE | TREASURER | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | SCHATZ, MARY | | |
| STREET ADDRESS | 1838 APATAKI CT. | | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | | D |
| TITLE | RECORDING SECRETARY | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | CARLIN, VIRGINIA | | |
| STREET ADDRESS | 58 N. COLLIER BLVD #2102 | | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | | D |
| TITLE | CORRESPONDING SEC. | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | TROTZIG SONNA | | |
| STREET ADDRESS | 848 COLLIER CT. #205 | | |
| CITY-ST-ZIP | MARCO ISLAND, FL 34145 | | D |
| TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TYSON, WILLIAM | | |
| STREET ADDRESS | 732 HERNANDO DR. | | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | | D |

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

Kris L. Helland
April 14, 2001 (813) 289-1572

Date

Daytime Phone #

CR2E037 (10/00)