

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90602 019 ****61.25

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DOCUMENT # N96000005875

1. Entity Name

MARCO ISLAND HISTORICAL SOCIETY, INC.

Principal Place of Business M.I. AREA BRD. OF REALTY 140 WATERWAY DRIVE MARCO ISLAND FL 34145 US	Mailing Address BOX 2282 MARCO ISLAND FL 34146 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3425001	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRUNER, DAVID E
1645 LUDLOW ROAD
MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name KRIS HELLAND
Street Address (P.O. Box Number is Not Acceptable) 307 CASTAWAYS ST.
City MARCO ISLAND FL Zip Code 34145

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)

3-23-02

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 type="checkbox"/> Delete
NAME HELLAND, KRISTI	
STREET ADDRESS 307 CASTAWAY ST	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE VD	<input type="checkbox"/> Delete
NAME BURNHAM, ELEANOR	
STREET ADDRESS 1085 BALD EAGLE DR (B-302)	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE TD	<input type="checkbox"/> Delete
NAME SCHATZ, MARY	
STREET ADDRESS 1838 APATAKI CT	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE RSD	<input type="checkbox"/> Delete
NAME CARLIN, VIRGINIA	
STREET ADDRESS 58 N. COLLIER BLVD #2162	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE CSD	<input type="checkbox"/> Delete
NAME TROTZIG, SONNA	
STREET ADDRESS 848 COLLIER CT #205	
CITY-ST-ZIP MARCO ISLAND FL 34145	
TITLE D	<input type="checkbox"/> Delete
NAME TYSON, WILLIAM	
STREET ADDRESS 732 HERNANDO DR	
CITY-ST-ZIP MARCO ISLAND FL 34145	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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)(l), 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: **Treasurer 3-23-02 (239)389-8822**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)