

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005069

1. Entity Name

SAN CARLOS ISLAND LOCAL REDEVELOPMENT CORPORATION  
N

Principal Place of Business

1130 MAIN STREET  
FT MYERS BEACH FL 33931

Mailing Address

1130 MAIN STREET  
FT MYERS BEACH FL 33931

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

JOANNE E SEMMER  
37A NANCY LN  
FT MYERS BEACH FL 33931

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

4. FEI Number

65-0785141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



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 D- ☐ Delete  
NAME SEMMER, JOANNE E  
STREET ADDRESS 37A NANCY LANE  
CITY-ST-ZIP FT MYERS BEACH FL 33931

TITLE D- ☐ Delete  
NAME SEMMER, WILLIAM S  
STREET ADDRESS 1130 MAIN STREET  
CITY-ST-ZIP FT MYERS BEACH FL 33931

TITLE D- ☐ Delete  
NAME BAKER, KRISTINE N  
STREET ADDRESS 142 SW 53RD ST  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Joanne E Semmer  
Joanne E Semmer

Date

Daytime Phone #

1-07-02 (94)463-2588

CR2E037 (9/01)