

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90007 050 ****70.00

DOCUMENT # N99000007648

1. Entity Name

MARCO ISLAND COUNTRY CLUB CHARITABLE FOUNDATION.

Principal Place of Business

Mailing Address

500 NASSAU CT
 MARCO ISLAND FL 34145

500 NASSAU CT
 MARCO ISLAND FL 34145

80070633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3618210

Applied For

Not Applicable

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

MCARDLE, MICHAEL W
850 PARK SHORE DR
NAPLES FL 34103

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SKOOG, JACK | |
| STREET ADDRESS | 2000 ROYAL MARCO WAY, PENTHOUSE A | |
| CITY-ST-ZIP | MARCO ISLAND FL 34105 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | THOMASIN, GEORGE | |
| STREET ADDRESS | 1401 FORREST CT | |
| CITY-ST-ZIP | MARCO ISLAND FL 34105 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLACKWELL, WESLEY | |
| STREET ADDRESS | 870 S COLLIER BLVD, PH B | |
| CITY-ST-ZIP | MARCO ISLAND FL 34105 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOEY, JOHN III | |
| STREET ADDRESS | 1100 S COLLIER BLVD #1525 | |
| CITY-ST-ZIP | MARCO ISLAND FL 34105 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | D/C/P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 34145 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 34145 | |
| TITLE | D/S/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | 34145 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | William Roth | |
| STREET ADDRESS | 336 Seabraeae Drive | |
| CITY-ST-ZIP | Marco Island, FL 34145 | |
| 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:

John Hoeys
REQUIRED

7-26-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/19)