


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90163 049 \*\*\*\*70.00

**DOCUMENT # N99000007648**

1. Entity Name  
**ISLAND COUNTRY CLUB CHARITABLE FOUNDATION, INC.**



Principal Place of Business  
**500 NASSAU CT  
MARCO ISLAND FL 34145**

Mailing Address  
**500 NASSAU CT  
MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3618210**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCARDLE, MICHAEL W  
850 PARK SHORE DR  
NAPLES FL 34103**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | DCP                               | <input checked="" type="checkbox"/> Delete |
| NAME           | SKOOG, JACK                       |  |
| STREET ADDRESS | 2000 ROYAL MARCO WAY, PENTHOUSE A |  |
| CITY-ST-ZIP    | NAPLES FL 34105                   |  |
| TITLE          | D                                 | <input checked="" type="checkbox"/> Delete |
| NAME           | BLACKWELL, WESLEY                 |  |
| STREET ADDRESS | 870 S COLLIER BLVD, PH B          |  |
| CITY-ST-ZIP    | MARCO ISLAND FL 34145             |  |
| TITLE          | DST                               | <input type="checkbox"/> Delete            |
| NAME           | HOEY, JOHN III                    |  |
| STREET ADDRESS | 1100 S COLLIER BLVD #1525         |  |
| CITY-ST-ZIP    | MARCO ISLAND FL 34145             |  |
| TITLE          | D                                 | <input type="checkbox"/> Delete            |
| NAME           | ROTH, WILLIAM                     |  |
| STREET ADDRESS | 336 SEABREEZE DRIVE               |  |
| CITY-ST-ZIP    | MARCO ISLAND FL 34145             |  |
| 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          | DCP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Blackwell, Wesley         |  |
| STREET ADDRESS | 870 S. Collier Blvd, PH B |  |
| CITY-ST-ZIP    | Marco Island, FL 34145    |  |
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Mrs. Judy Thomazin        |  |
| STREET ADDRESS | 1401 Forrest Ct.          |  |
| CITY-ST-ZIP    | Marco Island, FL 34145    |  |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Ned Job                   |  |
| STREET ADDRESS | 1471 Firwood Court        |  |
| CITY-ST-ZIP    | Marco Island, FL 34145    |  |
| TITLE          | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Al Luccichese             |  |
| STREET ADDRESS | 1268 Laurel Court         |  |
| CITY-ST-ZIP    | Marco Island, FL 34145    |  |

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: Wesley Blackwell **SIGNATURE REQUIRED** 3/13/03 1-239-394-6661

CR2E037 (10/02)