

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000096

1. Entity Name

FORT MYERS MONTHLY MEETING OF THE RELIGIOUS SOCIETY

**FILED**  
May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90977 049 \*\*\*\*70.00

Principal Place of Business

Mailing Address

IONA HOUSE, CALUSA NATURE CENTER  
ORTIZ AVENUE  
FORT MYERS FL

9840 LAKE FAIRWAY  
NORTH FORT MYERS FL 33903-1255

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0607361

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

WEBBER, ALBERT F  
350 SE 33RD TERRACE  
CAPE CORAL FL 33904

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 ☐ Delete  
NAME DENEVERS, ANN  
STREET ADDRESS 9840 LAKE FAIRWAYS  
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE ☐ Change ☒ Addition  
NAME FENNELL, THOMAS D  
STREET ADDRESS 52 FENNY BOSK TRL.  
CITY-ST-ZIP VENUS, FL 33960

TITLE D ☐ Delete  
NAME BUTLER, LARRY S  
STREET ADDRESS 2755 PROVIDENCE STREET  
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WEBBER, ALBERT F  
STREET ADDRESS 350 SE 33RD TERR.  
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WHITE, THERON  
STREET ADDRESS 5660 GRILLET ROAD  
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DEWITT, ELIZABETH  
STREET ADDRESS 15231 SAM SNEAD LANE  
CITY-ST-ZIP NORTH FORT MYERS FL 33917

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME BUCKINGHAM, NORMA  
STREET ADDRESS 17641 MARCO ISLAND LANE  
CITY-ST-ZIP FORT MYERS FL 33908

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 asterisk, and all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00 941-945-2673

CR2E037 (9/99)