

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 700584**

1. Entity Name

ANNA MARIA ISLAND COMMUNITY CENTER, INC.

Principal Place of Business

**407 MAGNOLIA AVENUE
PO BOX 253
ANNA MARIA FL 34216-0253**

Mailing Address

**P.O. BOX 253
ANNA MARIA FL 34216**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-6166231**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**PRICE, KENNETH A JR
219 85TH ST
HOLMES BEACH FL 34217**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/02**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 **CD** ☐ Delete
NAME **PRICE, KENNETH A JR**
STREET ADDRESS **219 85TH ST**
CITY-ST-ZIP **HOLMES BEACH FL 34217**TITLE **VCD** ☐ Delete
NAME **BOBO, J. ALLEN**
STREET ADDRESS **630 EMERALD LANE**
CITY-ST-ZIP **HOLMES BCH. FL 34217**TITLE **DT** ☐ Delete
NAME **BREITER, TOM**
STREET ADDRESS **316 TARPON ST**
CITY-ST-ZIP **ANNA MARIA FL 34216**TITLE **DS** ☐ Delete
NAME **HORNA, JOHN**
STREET ADDRESS **8403 MARINA DRIVE**
CITY-ST-ZIP **ANNA MARIA FL 34216**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90070 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)