

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703121

1. Entity Name

ART LEAGUE OF FORT MYERS, INC.

Principal Place of Business

10051 MCGREGOR BLVD
SUITE 103
FT. MYERS FL 33919

Mailing Address

10051 MCGREGOR BLVD
SUITE 103
FT. MYERS FL 33919

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1003074

Applied For

Not Applicable

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

HERZBERG, PAT
1318 MAYFIAR TERRACE
FT MYERS FL 33919

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SWANSON, EVELYN 18456 CREEK DR FT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GANTZ, BUNNY 1367 MYERLEE COUNTRY CLUB BLVD FT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRABERT, SUNNY LEE 1772 ACAIA DR N. FT MYERS FL 33917	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEEFE, MARIANNE 10601 SHARON DR N. FT MYERS FL 33917	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUGERE, DOLORES 10062 BROKEN WOOD CT N. FT MYERS FL 33903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT STRONG, EDMUND 24 CARRIAGE LANE N. FT MYERS FL 33917	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAY KIMBALL 9745 FOXGLOVE CIRCLE SW FT. MYERS, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SYLVIA NICOL 11637 QUAIL RUN DR. FT. MYERS, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIANNE KEEFE 10601 SHARON DRIVE N. FT. MYERS, FL 33917	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUTH HENRY 10820 MEADOWS CT. N. FT. MYERS, FL 33903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOLORES FUGERE 10062 BROKEN WOOD CT. N. FT. MYERS, FL 33903	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Figure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/01

941-543-6480

Date

Daytime Phone #

00016556



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)