

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90140 018 \*\*\*\*61.25

**DOCUMENT # 703121**

1. Entity Name

**ART LEAGUE OF FORT MYERS, INC.**



Principal Place of Business

~~10051 MCGREGOR BLVD  
SUITE 100  
FT. MYERS FL 33919~~

Mailing Address

~~10051 MCGREGOR BLVD  
SUITE 100  
FT. MYERS FL 33919~~

2. Principal Place of Business

*P.O. Box 2255*

3. Mailing Address

*1451 Monroe St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Ft. Myers, FL*

City & State

*Ft. Myers, FL*

Zip

*33902*

Country

*LEE*

Zip

*33902*

Country

*LEE*

4. FEI Number **59-1003074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HERZBERG, PAT**  
**1318 MAYFIAR TERRACE**  
**FT MYERS FL 33919**

*ROSALIE PRACCI, TREAS.*  
*6922 EDGEWATER CIR.*  
*FT. MYERS, FL 33919*

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 *Rosalie Pracci, Treas.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/13/03*

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	SYLVIA, NICOL	11637 QUAIL RUN DR.	FORT MYERS FL 33908	<input checked="" type="checkbox"/> Delete
VPD	MARIANNE, KAAFA	10601 SHARON DR.	FORT MYERS FL 33917	<input checked="" type="checkbox"/> Delete
V	BROWN, SUSANNE	12748 YACHT CLUB CIR	FORT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
S	HENRY, RUTH	10820 MEADOWS CT	NORTH FORT MYERS FL 33903	<input checked="" type="checkbox"/> Delete
T	MILLER, EARL	1757 CLEWELLYN DR.	FORT MYERS FL 33901	<input checked="" type="checkbox"/> Delete
AT	STRONG, EDMUND	24 CARRIAGE LANE	N. FT MYERS FL 33917	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
President	Marianne Keefe	10601 Sharon Drive	N. Ft. Myers, FL 33917	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President	Ronald Seidler	6393 Emerald Pines Cir.	Ft. Myers, FL 33912	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2nd Vice President	Cecily Swanson	1845 1/2 Creek Dr.	Ft. Myers, FL 33908	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Secretary	Mary Pichey	1551 Corington Circle E.	Ft. Myers, FL 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Treasurer	Rosalie Pracci	6922 Edgewater Cir.	Ft. Myers, FL 33919	<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:

*Rosalie Pracci* **ROSALIE PRACCI**

*1/13/03 (239) 275-3970*

CR2E037 (10/02)