

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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90148 005 ****61.25

DOCUMENT # 711814

1. Entity Name

MORSE SHORES CIVIC ASSOCIATION, INC.



Principal Place of Business

**160 CIR DR
FORT MYERS FL 33905
US**

Mailing Address

**160 CIR DR
FORT MYERS FL 33905
US**

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 **23-7274479**

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

7. Name and Address of New Registered Agent

**PARSONS, BRYANT G
160 CIRCLE DR
FT. MYERS FL 33905**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARSONS, BRYANT G. 160 CIRCLE DR FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLS, LOVIE JR 174 CONNECTICUT AVE FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CERIELLO, CARMEN 349 CORAL DR. FT. MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOWMAN, CLARENCE 260 ALAMEDA AVE FT. MYERS FL 33905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENNAN, EILEEN 243 CONNECTICUT AVE FT MYERS, FL 00000 33905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KITTLE, LOUIS 122 CORAL DR FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CERIELLO, ROSEANN 349 CORAL DR. FORT MYERS FL 33905	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S SHARON BOWMAN 260 ALAMEDA AVE. FT. MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP HANSEN, JEFF 221 ALAMEDA AVE. FORT MYERS FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P BOWMAN, CLARENCE 260 ALAMEDA AVE. FT. MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NEUBERT, MARTIN 231 OKLAHOMA AVE. FORT MYERS FL 33905	<input type="checkbox"/> Change <input checked="" 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: BRYANT G. PARSONS, TREASURER *Bryant G. Parsons* 3-7-03 (239) 694-1383

CR2E037 (10/02)