

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90174 020 ****61.25

DOCUMENT # 718197

1. Entity Name

THE ART LEAGUE OF MARCO ISLAND, INC.

Principal Place of Business

1010 WINTERBERRY DRIVE
 MARCO ISLAND FL 34145-5427
 US

Mailing Address

1010 WINTERBERRY DRIVE
 MARCO ISLAND FL 34145
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1754367

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

HILL, JOHN R
571 S. COLLIER BLVD
MARCO ISLAND FL 34145

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 **DP** ☐ Delete
 NAME **LUNDBERG, DOLORES**
 STREET ADDRESS **980 CAPE MARCO DR., #1707**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **SECRETARY** ☐ Change ☒ Addition
 NAME **URIKE MARTIN**
 STREET ADDRESS **172 Angler CT.**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **DVP2** ☒ Delete
 NAME **JORDT, JEANNE**
 STREET ADDRESS **1870 APATAKI CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **DA** ☐ Change ☒ Addition
 NAME **Irene Glynn**
 STREET ADDRESS **1243 MARTINIQUE CT**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **DS** ☒ Delete
 NAME **LINDSAY, NANCY**
 STREET ADDRESS **1262 ANTIGUA CT.**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE **DA** ☐ Delete
 NAME **PATTERSON, ROSE**
 STREET ADDRESS **342 HENDERSON CT.**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE **DT** ☐ Delete
 NAME **NELSON, ROBERT**
 STREET ADDRESS **421 PHEASANT CT.**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE **DVP1** ☐ Delete
 NAME **HORN, CHARLES**
 STREET ADDRESS **356 ROOKERY CT.**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)