

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90045 050 ****61.25

DOCUMENT # 732797

1. Entity Name

MARCO ISLAND TAXPAYERS' ASSOCIATION, INC.

Principal Place of Business

1588 HEIGHTS CT
MARCO ISLAND FL 34145
US

Mailing Address

PO BOX 1263
MARCO ISLAND FL 34146-1263
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

59-1828783

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SCUDERI, SALVATORE C
571 S COLLIER BLVD
MARCO ISLAND FL 34145

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

TITLE PD
NAME BILES, FAY DR.
STREET ADDRESS 1588 HEIGHTS CT.
CITY-ST-ZIP MARCO ISLD FL 34145 ☐ Delete

TITLE VD
NAME MERRITT, JEAN
STREET ADDRESS 861 SOUTH COLLIER BLVD., #104
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE SD
NAME SUTAK, MARY
STREET ADDRESS 300 S COLLIER BLVD., APT 302
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE TD
NAME DONOVAN, WALTER
STREET ADDRESS 1511 JAMAICA
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE D
NAME HOPKINS, JOY
STREET ADDRESS 225 DAN RIVER COURT
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE D
NAME CROOK, MARK
STREET ADDRESS 1179 LIGHTHOUSE COURT
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Add
NAME DONOVAN, WALTER
STREET ADDRESS 1511 JAMAICA CT.
CITY-ST-ZIP MARCO ISLAND, FL 34145

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

TITLE ☐ Change ☒ Addition
NAME TD
NAME CROOK, MARK
STREET ADDRESS 1179 LIGHTHOUSE CT.
CITY-ST-ZIP MARCO ISLAND, FL 34145

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:

Mark Crook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00 941-394-45
Date Daytime Phone #