

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-13-2002 90284 029 ****61.25

DOCUMENT # 737574

1. Entity Name

INTERCESSION CITY CIVIC ASSOCIATION, INC.

Principal Place of Business

**1531 IMMOKALEE ST.
P.O. BOX 160
INTERCESSION CITY FL 33848**

Mailing Address

**1531 IMMOKALEE ST.
P.O. BOX 160
INTERCESSION CITY FL 33848**

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

59-2206051

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

**FRISBIE, JOHN C.
1640 CHARITY ST
INTERCESSION CITY, FL
INTERCESSION CITY FL 33848**

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 **PD** ☐ Delete
NAME **MOFFET, JOYCE L**
STREET ADDRESS **1653 CHARITY ST**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

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

TITLE **VD** ☐ Delete
NAME **MANGINI, JOHN**
STREET ADDRESS **1590 NOCATEE ST**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

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

TITLE **VD** ☐ Delete
NAME **BUNDY, BARBARA**
STREET ADDRESS **1670 SCHOOL ST**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

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

TITLE **SD** ☐ Delete
NAME **SMITH, IRENE D.**
STREET ADDRESS **1651 HOPE STREET**
CITY-ST-ZIP **INTERCESSION CITY FL**

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

TITLE **TD** ☐ Delete
NAME **FRISBIE, JOHN C.**
STREET ADDRESS **1640 CHRITY ST**
CITY-ST-ZIP **INTERCESSION CITY FL**

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

TITLE **ATO** ☐ Delete
NAME **WATSON, PAM**
STREET ADDRESS **1650 SCHOOL STREET**
CITY-ST-ZIP **INTERCESSION CITY FL 33848**

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:

John C. Frisbie 1-29-2002 407-933-847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)