

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90657 008 \*\*\*\*61.25

**DOCUMENT # 738992**

1. Entity Name

**RUSSELL PARK CIVIC ASSOCIATION, INC.**



Principal Place of Business

**290 MIRAMAR RD.  
FT. MYERS FL 33905**

Mailing Address

**290 MIRAMAR RD.  
FT. MYERS FL 33905**

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 **59-2355842**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUSH, LARRY N  
4840 E RIVERSIDE DR.  
FT. MYERS FL 33905**

7. Name and Address of New Registered Agent

Name

**Fowler, Jim**

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

**290 MIRAMAR ROAD**

City

**FT. MYERS**

FL

Zip Code

**33905**

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

**3-10-03**

**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 **V** ☐ Delete  
NAME **YOUNG, CHESTER**  
STREET ADDRESS **227 DELRAY AVE.**  
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **D** ☐ Delete  
NAME **JIMM, FOWLER**  
STREET ADDRESS **244 LAGOON DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **P** ☒ Delete  
NAME **BUSH, LARRY**  
STREET ADDRESS **4840 E RIVERSIDE DR.**  
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **D** ☐ Delete  
NAME **THORN, JOYCE**  
STREET ADDRESS **234 LABELLE AVE.**  
CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE **T** ☒ Delete  
NAME **VANDIVER, NANCY**  
STREET ADDRESS **157 LAGOON DR.**  
CITY-ST-ZIP **FT MYERS FL 33905**

TITLE **D** ☐ Delete  
NAME **BLAIR, LENARD**  
STREET ADDRESS **221 KINGSTON DR.**  
CITY-ST-ZIP **FORT MYERS FL 33905**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **P** ☒ Change ☐ Addition  
NAME **Fowler, Jim**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **DR. CHARLES STARKS**  
STREET ADDRESS **211 KINGSTON DRIVE**  
CITY-ST-ZIP **FORT MYERS, FL 33905**

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

TITLE **S+T** ☐ Change ☒ Addition  
NAME **NORMA Jell**  
STREET ADDRESS **137 LAGOON DRIVE**  
CITY-ST-ZIP **FORT MYERS, FL 33905**

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:

**Jim Fowler, President.** **3/10/03/239-357-6381**

CR2E037 (10/02)