

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745975

1. Entity Name

DUNBAR IMPROVEMENT ASSOCIATION, INC.

2

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90077 031 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3510 MARTIN LUTHER KING BLVD.  
FT. MYERS FL 33916

P.O. BOX 11496  
JAX FL 32239  
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

59-1960272

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

KNEE, RONALD  
320 ARLINGTON RD N  
JACKSONVILLE FL 32211

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**  
**After September 13, 2000 min. will be \$236.25**

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 SHOEMAKER, VERONICA S.  
STREET ADDRESS 3054 MANGO ST.  
CITY-ST-ZIP FORT MYERS FL

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

TITLE SD ☐ Delete  
NAME MORGAN, MELVIN MRS.  
STREET ADDRESS 2196 PAULO ST.  
CITY-ST-ZIP FORT-MYERS FL

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

TITLE D ☐ Delete  
NAME MCCUTCHEON, MACK "PAT"  
STREET ADDRESS 2633 LAFAYETTE ST  
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ Change ☐ Addition  
NAME D. mack pat McCutcheon  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME SIMMS, NANCY  
STREET ADDRESS 3130 ST CHARLES ST  
CITY-ST-ZIP FORT MYERS FL

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

TITLE D ☐ Delete  
NAME YOUNG, MATTIE  
STREET ADDRESS 3511-B ANDERSON AVE  
CITY-ST-ZIP FORT MYERS FL

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

TITLE D ☐ Delete  
NAME ANDERSON, AUDREA  
STREET ADDRESS 1766 MARILYN ROAD  
CITY-ST-ZIP FORT MYERS FL

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 (5/00)