

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747069

1. Entity Name

MARCO ISLAND RESIDENTS BEACH ASSOCIATION, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90015 043 ****61.25

Principal Place of Business

Mailing Address

~~* P.O. BOX #18~~
MARCO ISLAND FL 34145

997 N. COLLIER BLVD.
MARCO ISLAND, FL
34145

~~* P.O. BOX #18~~
MARCO ISLAND FL 34145

2. Principal Place of Business

997 N. Collier Bl

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MARCO ISLAND, FL

City & State

4. FEI Number

59-1945804

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

GREENER, EUGENE JR.
950 N COLLIER BLVD, STE 400
MARCO ISLAND FL 33937

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
NAME BILES, BEDFORD
STREET ADDRESS 1588 HEIGHTS COURT
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

TITLE SD
NAME MARGUERITE BIENHUELLER
STREET ADDRESS 1185 Lighthorse CT.
CITY-ST-ZIP MARCO ISLAND, FL 34145 ☐ Change ☒ Addition

TITLE SD
NAME BREWER, JANN
STREET ADDRESS 450 NASSAU CT
CITY-ST-ZIP MARCO ISLAND FL 33937 ☒ Delete

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

TITLE VD
NAME TATEO, HELEN
STREET ADDRESS 105 GREEN BRIAR ST
CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/2/00 (94) 394-3089

CR2E037 (5/00)