

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761138

1. Entity Name

EDEN ISLE CMIC ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

980 EDEN ISLE DR NE  
SAINT PETERSBURG FL 33704-1704  
US

980 EDEN ISLE DR NE  
SAINT PETERSBURG FL 33704-1704  
US

2. Principal Place of Business

3. Mailing Address

995 Eden Isle Dr NE

995 Eden Isle Dr NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip  
33704

Country  
USA

Zip  
33704

Country  
USA

6. Name and Address of Current Registered Agent

MARSHALL, BARRY  
980 EDEN ISLE DR NE  
SAINT PETERSBURG FL 33704-1704

7. Name and Address of New Registered Agent

Name Craven, Laura W

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

995 Eden Isle Dr. NE

City St. Petersburg, FL

Zip Code 33704

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 *Laura W. Craven* Laura W. Craven

April 2002

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 D  
NAME MARSHALL, BARRY ☒ Delete  
STREET ADDRESS 980 EDEN ISLE DR NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704-1704

TITLE VPD  
NAME CRUTCHFIELD, COLLEEN ☐ Delete  
STREET ADDRESS 935 EDEN ISLE DRIVE NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE VPD  
NAME HUBBARD, BARBARA ☒ Delete  
STREET ADDRESS 1010 EDEN ISLE DR NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE DT  
NAME MATSON, JIM ☒ Delete  
STREET ADDRESS 1563 EDEN ISLE BLVD NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE SD  
NAME GALLAUER, PAM ☒ Delete  
STREET ADDRESS 1569 EDEN ISLE BLVD NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D P ☒ Change ☒ Addition  
NAME Laura W. Craven  
STREET ADDRESS 995 Eden Isle Dr NE  
CITY-ST-ZIP St. Petersburg FL 33704

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

TITLE DT ☒ Change ☐ Addition  
NAME Jennifer Burke  
STREET ADDRESS 1585 Eden Isle Blvd NE  
CITY-ST-ZIP St. Petersburg, FL 33704

TITLE DS ☒ Change ☐ Addition  
NAME Janet Reed  
STREET ADDRESS 911 Eden Isle Dr NE  
CITY-ST-ZIP St. Petersburg, FL 33704

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

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)(l), 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 an officer like empowered.

SIGNATURE *Laura W. Craven* Laura W. Craven

Date

Daytime Phone #

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-01-2002 91586 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)