

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90045 041 ****61.25

DOCUMENT # 768314
 1. Entity Name
ECONOMIC DEVELOPMENT COALITION OF LEE COUNTY, IN C.

Principal Place of Business 6315 PRESIDENTIAL CT. "F" C/O DUANE HALL ENGINEERING FORT MYERS FL 33919 US	Mailing Address 6315 PRESIDENTIAL CT. "F" C/O DUANE HALL ENGINEERING FORT MYERS FL 33919 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2298068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARNER, JAMES F.
1833 HENDRY ST
FT MYERS FL

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PD NAME SICILIANO, BRUCE STREET ADDRESS 7400 TAMIA MI TRAIL N CITY-ST-ZIP NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE CD NAME MCCORMICK, RICHARD H STREET ADDRESS 6326 PRESIDENTIAL CT CITY-ST-ZIP FT MYERS FL 33919	<input checked="" type="checkbox"/> Delete
TITLE VPD NAME MUSSER, JOHN STREET ADDRESS 6315 PRESIDENTIAL COURT, STE F CITY-ST-ZIP FORT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE ST NAME SCOTT, DONALD STREET ADDRESS 1415 DEAN ST. STE 116 CITY-ST-ZIP FORT MYERS FL 33901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD NAME Siciliano, Bruce STREET ADDRESS 7400 Tamiami Trail N CITY-ST-ZIP Naples FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME MUSSER, JOHN STREET ADDRESS 6315 Presidential Court, Suite F CITY-ST-ZIP Fort Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME DAY, PATRICK STREET ADDRESS 12553 New Brittany Blvd. Bldg 32 CITY-ST-ZIP Fort Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ST NAME JENKINS, Jeffrey STREET ADDRESS 12730 New Brittany Blvd. Suite 600 CITY-ST-ZIP Fort Myers, FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Musser DATE: 1-14-02 (941) 433-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/01)