

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004808

1. Entity Name

FORT MYERS HISTORICAL MUSEUM FOUNDATION, INC. ✓

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

08-04-2002 90156 014 ****61.25

0013916

Principal Place of Business

2449 FIRST STREET
FORT MYERS FL 33902

Mailing Address

2449 FIRST STREET
FORT MYERS FL 33902

B0133287



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-1026058**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

GRACE, WILLIAM H
2449 FIRST STREET
FORT MYERS FL 33902

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. 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

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PT
NAME MORRIS, MARK L
STREET ADDRESS FNB OF FT. MYERS 2915 COLONIAL BLVD.
CITY-ST-ZIP FORT MYERS FL 33912 ☐ DeleteTITLE VT
NAME GRACE, WILLIAM H
STREET ADDRESS 2449 FIRST STREET
CITY-ST-ZIP FORT MYERS FL 33902 ☐ DeleteTITLE ST
NAME KENT, JACQUELYN
STREET ADDRESS 6461 ARAGON WAY, #107
CITY-ST-ZIP FORT MYERS FL 33912 ☐ DeleteTITLE TT
NAME SARLO, ARNOLD
STREET ADDRESS POST OFFICE BOX 1169 N/A
CITY-ST-ZIP FORT MYERS FL 33902 ☐ DeleteTITLE CT
NAME MCGEE, TED
STREET ADDRESS 1567 ROSADA WAY
CITY-ST-ZIP FORT MYERS FL 33901 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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 OF REGISTERED AGENT VT

7/29/02 (94/334-4851)

CR2E037 (4/02)