

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008353

1. Entity Name

CITIZENS FOR A BETTER MARCO, INC.

FILED

May 12, 2002 8:00 am
Secretary of State

05-12-2002 90564 005 ****61.25

Principal Place of Business

Mailing Address

950 NORTH COLLIER BLVD.
SUITE 201
MARCO ISLAND FL 34145

950 NORTH COLLIER BLVD.
SUITE 201
MARCO ISLAND FL 34145

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

65-1120539 APPLIED FOR

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

KRAMER, FREDERICK C ESQ.
950 NORTH COLLIER BLVD.
SUITE 201, SUNTRUST BUILDING
MARCO ISLAND FL 34145

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

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 | D | <input type="checkbox"/> Delete |
| NAME | CURRAN, JIM | |
| STREET ADDRESS | 950 NORTH COLLIER BLVD. | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | OWENS, TOM | |
| STREET ADDRESS | 950 NORTH COLLIER BLVD. | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | AYLING, BOB | |
| STREET ADDRESS | 950 NORTH COLLIER BLVD. | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DYER, BOB | |
| STREET ADDRESS | 950 NORTH COLLIER BLVD. | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MARCO, PHYLLIS | |
| STREET ADDRESS | 950 NORTH COLLIER BLVD. | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KELLMAN, YALE | |
| STREET ADDRESS | 950 NORTH COLLIER BLVD | |
| CITY-ST-ZIP | MARCO ISLAND FL 34145 | |

| | | |
|----------------|------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Curran, Jim | |
| STREET ADDRESS | 950 N. Collier Blvd. | |
| CITY-ST-ZIP | Marco Island, FL 34145 | |
| TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Patterson, Jack | |
| STREET ADDRESS | 950 N. Collier Blvd | |
| CITY-ST-ZIP | Marco Island, FL 34145 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Young, Lora Jean | |
| STREET ADDRESS | 950 N. Collier Blvd. | |
| CITY-ST-ZIP | Marco Island, FL 34145 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Hughes, Charles E. | |
| STREET ADDRESS | 950 N. Collier Blvd. | |
| CITY-ST-ZIP | Marco Island, FL 34145 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Rieley, Daniel | |
| STREET ADDRESS | 950 N. Collier Blvd. | |
| CITY-ST-ZIP | Marco Island, FL 34145 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Charles E. Hughes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02 941-642-7574

CR2E037 (9/01)