

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000004643

FILED  
Feb 20, 2002 8:00 AM  
Secretary of State

**Entity Name:** CITIZENS TO PRESERVE MARCO ISLAND ZONING, INC.

**Current Principal Place of Business:**

2640 GOLDEN GATE PKWY., STE. 206  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

2640 GOLDEN GATE PKWY., STE. 206  
NAPLES, FL 34105

**New Mailing Address:**

**FEI Number:** 59-3724818

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS, DONALD K JR., ESQ  
2640 GOLDEN GATE PKWY., STE. 206  
NAPLES, FL 34105

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ROSS, DONALD K JR  
Address: 2640 GOLDEN GATE PKWY., STE. 206  
City-St-Zip: NAPLES, FL 34105

Title: D ( ) Delete  
Name: SHNIPER, PAMELA  
Address: 1061 BOND CT.  
City-St-Zip: MARCO ISLAND, FL 34145

Title: D ( ) Delete  
Name: LAURANO, MICHAEL  
Address: 15 COURT SQUARE  
City-St-Zip: BOSTON, MA 02180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA SHNIPER

D

02/20/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date