

FILED
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Secretary of State

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000007285

1. Entity Name

ISLAND ARTS FOUNDATION, INC.

Principal Place of Business

Mailing Address

2801 ESTERO BOULEVARD

2801 ESTERO BOULEVARD

SUITE R

SUITE R

FT. MYERS BEACH FL 33931

FT. MYERS BEACH FL 33931

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

☒ 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

ISLAND SAND PAPER, INC.

2801 ESTERO BOULEVARD

SUITE R

FT. MYERS BEACH FL 33931

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 resigning)

DATE

After September 13, 2002,
min. will be \$236.25.

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	NAME	STREET ADDRESS	CITY-ST-ZIP
	Pres. Bernard Conley	2801-R Estero Blvd.	FT. MYERS BEACH FL 33931
	Director Bruce Gernert	1204 Estero Blvd	FT. MYERS BEACH FL 33931
	Treasurer Larry Pittman	6051 Estero Blvd	FT MYERS BEACH FL 33931
	V. P. Jessica Titus	6035 Estero Blvd.	FT. MYERS BEACH FL 33931
	Secretary Richard Tadel	2801 Estero Blvd	FT MYERS BEACH FL 33931

TITLE	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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #