

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90068 013 \*\*\*\*61.25

**DOCUMENT # N02000005130**

1. Entity Name  
**SW FLORIDA FILM SOCIETY, INC.**



Principal Place of Business  
**601 ELKCAM CIRCLE B-6  
MARCO ISLAND, FL 34145**

Mailing Address  
**601 ELKCAM CIRCLE B-6  
MARCO ISLAND, FL 34145**

2. Principal Place of Business  
**755 EIGHTH AVENUE SOUTH**

3. Mailing Address  
**755 EIGHTH AVENUE SOUTH**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**NAPLES FL**

City & State

**NAPLES FL**

Country  
**USA**

Zip  
**34102**

Country  
**USA**

Zip  
**34102**

Country  
**USA**

6. Name and Address of Current Registered Agent

**BERRY, PAT  
601 ELKCAM CIRCLE B-6  
MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name **MAGGIE McCARTY**

Street Address (P.O. Box Number is Not Acceptable)  
**755 EIGHTH AVENUE SOUTH**

City **NAPLES**

State **FL**

Zip Code

**34102**

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

*M. A. McCarty*

Signature, typed or printed name of registered agent and applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**8/9/03**

**FILE NOW - FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>D/P</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>DUNN, JANE S</b>           |                                 |
| STREET ADDRESS | <b>9216 SWEETGRASS WAY</b>    |                                 |
| CITY-ST-ZIP    | <b>NAPLES, FL 34108</b>       |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>MCCARTY, MAGGIE</b>        |                                 |
| STREET ADDRESS | <b>600 PINE COURT</b>         |                                 |
| CITY-ST-ZIP    | <b>NAPLES, FL 34102</b>       |                                 |
| TITLE          | <b>D/P</b>                    | <input type="checkbox"/> Delete |
| NAME           | <b>MINARICH, WILLIAM</b>      |                                 |
| STREET ADDRESS | <b>644 BOGAINVILLEA ROAD</b>  |                                 |
| CITY-ST-ZIP    | <b>NAPLES, FL 34102</b>       |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>BERRY, PAT</b>             |                                 |
| STREET ADDRESS | <b>1150 BLUEBIRD</b>          |                                 |
| CITY-ST-ZIP    | <b>MARCO ISLAND, FL 34145</b> |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>SEE SHEET ATTACHED</b>                                                    |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jane S. Dunn*  
**Jane S. Dunn**

Date

Daytime Phone #

**8/14/03**

**(239) 596-8531**

CR2E037 (10/02)

*Attachments*

*80138438*  
*N 02000005/30*

SW FLORIDA FILM SOCIETY BOARD MEMBERS - ITEM 11, UBR

D / T  
LES BLUMBERG  
5601 TURTLE BAY DRIVE  
NAPLES FL 34108

D  
MAURY DAILEY  
1307 RIVERBEND AVENUE  
MARCO ISLAND FL 34145

D  
MARY MARGARET GRUSZKA  
807 RIVER POINT DRIVE 1030  
NAPLES FL 34102

D / S  
DEBORAH MARRS  
3490 CROWN POINTE BLVD  
NAPLES FL 34112

D  
MARK MARVELL  
466 S SHADE AVENUE  
SARASOTA FL 34237

D  
JANEEN PAULASKIS  
23710 WALDEN CENTER DRIVE 103  
BONITA SPRINGS FL 34134