

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07168

1. Entity Name

THE MARCO ISLAND Y.M.C.A., INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90010 027 ****61.25

Principal Place of Business

Mailing Address

101 SANDHILL ST
MARCO ISLAND FL 34145
US

P.O. BOX 2529
MARCO ISLAND FL 34146-2529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2498619

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LOVE, LUCINDA K
101 SANDHILL ST
MARCO FL 33937

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 PD
NAME MULHERE, BOB
STREET ADDRESS 1946 SHEFFIELD DR
CITY-ST-ZIP MARCO FL 34145 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME MINOZZI, MIKE
STREET ADDRESS 250 FIJI CT
CITY-ST-ZIP MARCO FL 34145

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CLARK, DON
STREET ADDRESS 1438 DELBROOK WAY
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME KRAUERHASE, GERRY
STREET ADDRESS 175 SOCIETY CT
CITY-ST-ZIP MARCO ISLAND FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME PENZO, PHIL
STREET ADDRESS 357 ROOKERY CT.
CITY-ST-ZIP MARCO FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Ferrara, Cheryl
STREET ADDRESS P.O. Box 2547
CITY-ST-ZIP MARCO, FL 34146

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:

Donald A. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 394 3144

CR2E037 (9/99)