

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0051486

DOCUMENT # N12881

1. Entity Name

LONGBOAT KEY PUBLIC INTEREST COMMITTEE, INC.

04-02-2002 90892 049 ****61.25

Principal Place of Business

Mailing Address

1050 LONGBOAT CLUB RD
 #501
 LONGBOAT KEY FL 34228
 US

P. O. BOX 8221
 LONGBOAT KEY FL 34228
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2471907

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

ROTHENBERG, LEE
561 BIRDIE LANE
LONGBOAT KEY FL 34228

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** ☒ Delete
 NAME **BELL, CLAIRE**
 STREET ADDRESS **4968 GMD, V22**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Carol G. Rickard**
 STREET ADDRESS **581 Yardarm LN**
 CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **PD** ☐ Delete
 NAME **BETTY BLAIR**
 STREET ADDRESS **561 PUTTER LN**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Bill Wilson**
 STREET ADDRESS **2520 Harbourside Dr #331**
 CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **TD** ☒ Delete
 NAME **MEISELMAN, MD, RUDY K**
 STREET ADDRESS **775 LONGBOAT CLUB RD 603**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **PD** ☐ Change ☐ Addition
 NAME **Juan Webster**
 STREET ADDRESS **5555 GMD 101**
 CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **SD** ☒ Delete
 NAME **JUSKOWITZ, RUTH**
 STREET ADDRESS **2011 HARBOURSIDE DRIVE**
 CITY-ST-ZIP **LONGBOAT KEY FL 34228**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Herbert Kellner**
 STREET ADDRESS **5054 GMD**
 CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **SD** ☐ Delete
 NAME **LEE ROTHENBERG**
 STREET ADDRESS **561 BIRDIE LN**
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **D** ☐ Change ☐ Addition
 NAME **Betty Blair**
 STREET ADDRESS **561 Putter Ln**
 CITY-ST-ZIP **Longboat Key FL 34228**

TITLE **VD** ☐ Delete
 NAME **JOAN WEBSTER**
 STREET ADDRESS **5555 GMD 101**
 CITY-ST-ZIP **LONGBOAT KEY FL**

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

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 #

Carol G. Rickard **Treasurer** **3-25-02** **383-7362**

CP2E037 (9/01)