

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # N27289

1. Entity Name

MARCO TOWNE CENTER MERCHANT'S ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

02-29-2000 90137 016 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 2162
 MARCO ISLAND FL 33969

P. O. BOX 2162
 MARCO ISLAND FL 34146-2162

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

65-0125854

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

BERRY, PAT
 551 ELCKAN CIRCLE
 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 NAME PD
 STREET ADDRESS MAX, LEONARD
 CITY-ST-ZIP 1037 N COLLIER BLVD
 MARCO ISLAND FL

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME D
 STREET ADDRESS BLODGETT, TOM
 CITY-ST-ZIP C/O KAITURA REST COLLIER BLVD
 MARCO ISLAND FL

TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME T
 STREET ADDRESS BRANDEN, WARD
 CITY-ST-ZIP MAGIC DRAGON COLLIER BOVD
 MARCO ISLAND FL

TITLE NAME
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 CITY-ST-ZIP

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 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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)