

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90094 037 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N29007

1. Entity Name
INTERCHANGE COMMERCE PARK ASSOCIATION, INC.

Principal Place of Business Mailing Address

3916 CLEVELAND AVE **3916 CLEVELAND AVE**
FT MYERS FL 33701-8695 **FT MYERS FL 33901-8603**
US **US**

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

65-0097729 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SYMONDS, C.M. JR.
3916 CLEVELAND AVE
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

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]* *[Signature]* **1-11-00**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SYMONDS, C.M., JR.	
STREET ADDRESS	3916 CLEVELAND AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SMITH, JAMES R.	
STREET ADDRESS	3916 CLEVELAND AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GRISSLER, PATRICIA A	
STREET ADDRESS	3916 CLEVELAND AVE	
CITY-ST-ZIP	FT. MYERS FL 33901-8695	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Regina m Wood	
STREET ADDRESS	3916 Cleveland AVE	
CITY-ST-ZIP	FT Myers FL 33901	
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		

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]* **SIGNATURE REQUIRED** **1-11-00** **941.936.1186**

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)