

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90043 016 \*\*\*\*61.25

**DOCUMENT #** N29007

1. Entity Name

Interchange Commerce Park Association, Inc.

**427702**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3916 Cleveland Avenue

Suite, Apt. #, etc.

3. Mailing Address

3916 Cleveland Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ft. Myers, FL

City & State  
Ft. Myers, FL

4. FEI Number  
65-0097729

Applied For

Not Applicable

Zip  
33901

Country  
USA

Zip  
33901

Country  
USA

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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 raising)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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 President  
NAME Symonds, C.M., Jr.  
STREET ADDRESS 3916 Cleveland Avenue  
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE Vice President  
NAME James R. Smith  
STREET ADDRESS 3916 Cleveland Avenue  
CITY-ST-ZIP Ft. Myers, FL 33901

TITLE Secretary  
NAME Arlene M. Wall  
STREET ADDRESS 3916 Cleveland Avenue  
CITY-ST-ZIP Ft. Myers, FL 33901

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STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

3/7/02 941-936-4186

CR2E037B (12/01)