

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

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

427702

DOCUMENT # N29007
 1. Entity Name
 Interchange Commerce Park Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3916 Cleveland Avenue Suite, Apt. #, etc.	3. Mailing Address 3916 Celveland Avenue Suite, Apt. #, etc.
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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**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	President Symonds, C.M., Jr. 3916 Cleveland Avenue Ft. Myers, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James R. Smith 3916 Cleveland Avenue Ft. Myers, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Arlene M. Wall 3916 Cleveland Avenue Ft. Myers, FL 33901	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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: _____ **3/7/02** **941-936-4186**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)