2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 06, 2002 8:00 am Secretary of State **DOCUMENT # N31678** 1. Entity Name EDISON FESTIVAL OF LIGHT, INC. 05-06-2002 90277 038 ****61.25 Principal Place of Business Mailing Address 2254 EDWARDS DRIVE 2254 EDWARDS DRIVE FORT MYERS FL 33901 846613 FORT MYERS FL 33901 2. Principal Place of Business 3. Mailing Address * Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0118122 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name,... ----Street Address (P.O. Box Number is Not Acceptable) HART, THOMAS B. 1625 HENDRY ST \$301 City Zip Code FORT MYERS FL 33901 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete TITLE Change ☐ Addition See Attached NAME GRIFFIN, GARY NAME STREET ADDRESS 27101 PRIME ST STREET ADDRESS الى نا CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33916 TITLE ٧D ☐ Delete TITLE Change Addition NAME SHERA, JULIE NAME STREET ADDRESS 7540 COLLEGE PKWY STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33907 CITY-ST-ZIP 2VP TITLE ☐ Delete TITLE ☐ Change Addition NAME MADDOX, DIANE NAME 3066 PALM AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33916 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GRADY, BEVERLY NAME NAME STREET ADDRESS 2320 FIRST ST SUITE #1100 STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33901 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BARNES, ROB NAME STREET ADDRESS 15000 BRIAR RIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 TITLE ED ☐ Delete TITLE ☐ Change Addition NAME WHITE, ALAN NAME

12. I hereby certify that the information supplied with this filling 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 of 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

2254 EDWARDS DR

FORT MYERS FL 33901

STREET ADDRESS

CITY-ST-ZIP

required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9/01)



Edison Festival of Light, Inc. Document N 31678

In Honor of Thomas Alva Edison N 31678

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2002-2003 EDISON FESTIVAL OF LIGHT, INC.® **OFFICERS & DIRECTORS**

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