

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90070 046 *****70.00

007208

DOCUMENT # N37599

1. Entity Name

FLORIDA MOTION PICTURE AND TELEVISION ASSOCIATIO

Principal Place of Business

9280 BAYBERRY BEND., #104
 FORT MYERS FL 33908

Mailing Address

P.O. BOX 2616
 NAPLES FL 34106

00019005



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14590 GLEN COVE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2535725

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

QUINN, ALVIN P
 9280 BAYBERRY BEND, #104
 FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name: **AL QUINN**

Street Address (P.O. Box Number is Not Acceptable)
 14590 GLEN COVE DR # 402

City: **FT MYERS**

FL

Zip Code
33919

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 QUINN, ALVIN P
 9280 BAYBERRY BEND #104
 FT MYERS FL 33908 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VD
 MUCK, GERI
 5037 TAMiami TRAIL E
 NAPLES FL 34113 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 AMORE, WILLIAM S
 PO BOX 61053 N/A
 FT MYERS FL 33906 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 SD
 FORD, D S
 6330 BRIARCLIFF ROAD
 FT MYERS FL 33912 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 KRUMBINE, MARCY
 170 12TH STREET, NE
 NAPLES FL 34120 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TD
 GERALD OXBOROUGH
 640 CLUB MARCO CIRCLE #202
 MARCO ISLAND, FL 34145 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-01

941-433-1028

CR2E037 (10/00)