

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90057 044 \*\*\*\*61.25

**DOCUMENT # N37871**

1. Entity Name

**FORT MYERS BEACH CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% EDMUND F. FITZSIMONS  
 280 SEMINOLE WAY  
 FT. MYERS BEACH FL 33931

% EDMUND F. FITZSIMONS  
 280 SEMINOLE WAY  
 FT. MYERS BEACH FL 33931-4230

LU637537



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*c/o JOHANNA Campbell*  
 Suite, Apt. #, etc.  
**21551 MADERA Rd.**

*c/o JOHANNA Campbell*  
 Suite, Apt. #, etc.  
**21551 MADERA Rd.**

City & State  
**FT. MYERS BEACH**

City & State  
**FT. MYERS BEACH**

Zip  
**33931**

Country  
**USA**

4. FEI Number **65-0193180** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEANE, DON**  
**167 ANCHORAGE ST**  
**FT MYERS BEACH FL 33931**

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DEANE, DON</b>	
STREET ADDRESS	<b>167 ANCHORAGE ST</b>	
CITY-ST-ZIP	<b>FT. MYERS BCH FL 33931</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOTTLIEB, HARRY</b>	
STREET ADDRESS	<b>50 ABERDEEN AVE</b>	
CITY-ST-ZIP	<b>FT. MYERS BCH FL 33931</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, CHERYL</b>	
STREET ADDRESS	<b>180 EGRET ST</b>	
CITY-ST-ZIP	<b>FT. MYERS BCH FL</b>	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DEAN SOUTHWORTH</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>169 IBIS</b>	
STREET ADDRESS	<b>FT. MYERS BEACH FL 33931</b>	
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		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)