3/23/2

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 03, 2001 8:00 am**
**Secretary of State**
03-27-2001 90028 039 ****61.25

DOCUMENT # N37871

1. Entity Name

FORT MYERS BEACH CIVIC ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O JOHANNA CAMPBELL<br>21551 MADERA RD<br>FT. MYERS BEACH FL 33931<br>US | C/O JOHANNA CAMPBELL<br>21551 MADERA RD<br>FT. MYERS BEACH FL 33931<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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~~<br>~~187 ANCHORAGE ST~~<br>~~FT MYERS BEACH FL 33931~~ | Name: Andre R Briem<br>Street Address (P.O. Box Number is Not Acceptable): 4265 Bay Beach Lane #722<br>City: Fort Myers Beach FL Zip Code: 33931 |

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: X Andre P. Briem
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>~~DEANE, DON~~<br>~~187 ANCHORAGE ST~~<br>~~FT. MYERS BCH FL 33931~~ | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SOUTHWORTH, DEAN<br>169 IBIS<br>FT. MYERS BCH FL 33931 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SMITH, CHERYL<br>180 EGRET ST<br>FT MYERS BCH FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BRIEM, ANDRE R<br>4265 BAY BEACH LANE #722<br>FORT MYERS BEACH FL 33931 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 REQUIRED Andre P. Briem 4/25/01 941-463-7604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #