2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39151

FT. MYERS BEACH 4TH OF JULY FIREWORKS COMMITTEE,

Principal Place of Business

Mailing Address

1130 MAIN ST

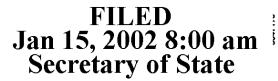
US

FT. MYERS BEACH FL 33931

1130 MAIN ST

FT. MYERS BEACH FL 33931

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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	



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2. Principal Place of Business		3. Mai	3. Mailing Address				T CONTROL DON THE TANK HOLD INDICATE STATE OF THE STATE O						
Suite, Apt. #, etc. Suit			uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State City &			/ & State			4. FEI Number 65		pplied For ot Applicable					
Zip	Country	Zip Cor			try	•	5. Certificate of Sta	\$8.75 Ad	88.75 Additional ee Required				
6. Name and Address of Current Registered Agent							7. Name and Addre	ess of New Registered	Agent				
SEMMER, JOANNE 1130 MAIN STREET FORT MYERS FL 33931					Name								
					Street Address (P.O. Box Number is Not Acceptable)								
					City FL Zip Code								
8. The above	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													
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribut					_		\$5.00 May Be Added to Fees		ck Payable ent of State				
10.	OFFICERS AND DI	RECTORS		11.			ADDITIONS/CHANGE	S TO OFFICERS AND D	DIRECTORS IN	V 10			
STREET ADDRESS	D SEMMER, WILLIAM J. 1130 MAIN ST FT. MYERS BEACH FL 33931		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS	D SEMMER, SHIRLEY S. 1130 MAIN ST FT. MYERS BEACH FL 33931	☐ Delete MMER, SHIRLEY S. 30 MAIN ST			ADDRESS T-ZIP				☐ Change	☐ Addition			
STREET ADDRESS	D SEMMER, JOANNE 1130 MAIN ST FT. MYERS BEACH FL 33931	~ · · ·	Delete	TITLE NAME STREET CITY-S	AÖDRESS T-ZIP	····· • .		, wastern -	☐ Change	☐ Addition			
STREET ADDRESS	D SEMMER, NICHOLE A 1130 MAIN ST FT MYERS BEACH FL 33931		☐ Delete	TITLE NAME STREET CITY-S	address T-zip				☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	address T-zip				☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP				☐ Change	Addition			

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 an other like empowered.

SIGNATURE: