2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41191

1. Entity Name

CONFERENCE & CONVENTION COUNCIL OF FORT MYERS, F LORIDA, INC.

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90162 048 ****61.25

1375 MONROE ST P.O. FT. MYERS FL 33901 FT. N		22						
Place of Business		dd						
2. Principal Place of Business 3. Mailing A					I (III) I IIII IIII IIII IIII IIII IIII	LIDIL OLDII BIOLI BI	il 01611 1981	
Suite, Apt. #, etc. Suite, Apt. #, etc.					☑ CHECK HERE IF MAKING CHANGES			
City & State			City & State		4. FEI Number 65-0207723 Applied For Not Applicable			
Country	Zip Cou		Country	5. Certificate of Sta	tus Desired	\$8.75 Ad	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
LAWTON, WILLIAM C 1375 MONROE STREET FT.MYERS FL 33901			Name	Street Address (P.O. Box Number is Not Acceptable) 1375 MONROE STREET				
- SOA	agent and title if applicable.	(NOTE	Registered Agent signature	required when reinstating)	1/17 DAYE	/03		
	1. 3							
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees				
OFFICERS AN	ND DIRECTORS 11.		11.	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
PD		Delete	TITLE			☐ Change	Addition	
			NAME					
			STREET ADDRESS					
			-					
	38	LI Delete	TITLE			Change	☐ Addition	
1			CITY-ST-ZIP					
		- Delete	1			☐ Change	☐ Addition	
KELLUM, THERESA	X	T Delete	NAME			பாளம்		
	Place of Business I. #, etc. Ate Country 6. Name and Address of Cur I, WILLIAM C DNROE STREET RS FL 33901 e named entity submits this statementations of registered agent Signature, typed or printed name of registered FILE NOW: FEE IS \$61.25 OFFICERS AND PD GUNDERSON, TOM 1715 MONROE ST. FT. MYERS FL 33901 D PAIGHT, DON 2310 EDWARDS DR. FT MYERS FL 33901 SD	Place of Business It. #, etc. Suite, Agent	Place of Business 3. Mailing Address 1. #, etc. Suite, Apt. #, etc. City & State Country Country	Place of Business 3. Mailing Address 4. #, etc. Suite, Apt. #, etc. City & State Country Country City G. Name and Address of Current Registered Agent Name R. Street Address Street Agent Name R. Street Address Street Agent I, WILLIAM C DIROE STREET IS FL 33901 E named entity submits this statement for the purpose of changing its registered office or relations of registered agent and title if applicable. (NOTE: Registered Agent signature. FILE NOW: FEE IS \$61.25 PD GUNDERSON, TOM 1715 MONROE ST. FT. MYERS FL 33901 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITL	Place of Business 3. Mailing Address If it, etc. Suite, Apt. #, etc. City & State Country Country Zip Country S. Certificate of State A. FEI Number 65- Country S. Certificate of State A. FEI Number 65- Country S. Certificate of State Name and Address of Current Registered Agent Name ROSE BERNAL BERNAL Name and Address (P.O. Box Number is Note) Street Address (P.O. Box Number is Note) In MYERS E named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the statement for the purpose of changing its registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. PD GUNDERSON, TOM 11. ADDITIONS/CHANGE PD GUNDERSON, TOM 1715 MONROE ST. FT. MYERS FL 33901 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SD Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP SD Delete TITLE	Place of Business 3. Malling Address Lift, etc. Suite, Apt. #, etc. Country Zip Country Zip Country 5. Certificate of Status Desired 65-0207723 Country 5. Certificate of Status Desired Street Address of Current Registered Agent 7. Name and Address of New Registered Name ROSE BERNAL - REFERENCE ** ** ** ** ** ** ** ** ** ** ** ** **	Place of Business 3. Mailing Address 1. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 1. *Country Zip Country S. Certificate of Status Desired St. *S. *5 Apt. *R. * *6 Apt. *R. *	

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.

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

|PD|

VD

SD

SUSAN JOHNSON

1380 COLONIAL BLVD.

FT. MYERS, FL 33907

CITY-ST-ZIP

TITLE

NAME

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SIGNATURE:

STREET ADDRESS 5598 WILLIAMSON DRIVE

FORT MYERS FL 33919

1400 COLONIAL BLVD, #259

LAWTON, WILLIAM

FT. MYERS FL 33907

CITY-ST-ZIP

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WILLIATOR & TOTASED

1/14/03

(234) 931-0525

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