

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State

08-19-2002 90126 030 ***80.00

DOCUMENT # N45945

1. Entity Name

ESTERO ISLAND HISTORIC SOCIETY, INC.

Principal Place of Business

Mailing Address

161 BAY RD
 BAYSTREET
 FT MYERS BEACH FL 33931
 US

P O BOX 2815
 FT MYERS BEACH FL 33932
 US

975207



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 **65-0310739**

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

BROWN, PENELOPE
5595 AVENIDA PESCADORA
FORT 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	TD	<input type="checkbox"/> Delete
NAME	BROWN, PENELOPE	
STREET ADDRESS	5595 AVENIDA PESCADORA	
CITY-STATE-ZIP	FT. MYERS BEACH FL 33931	
TITLE	P	<input type="checkbox"/> Delete
NAME	MELSEK, LEE	
STREET ADDRESS	1145 ESTERO BLVD	
CITY-STATE-ZIP	FT MYERS BEACH FL 33931	
TITLE	RS	<input type="checkbox"/> Delete
NAME	DAVIS, SHIRLEY	
STREET ADDRESS	8000 LAGOON RD	
CITY-STATE-ZIP	FORT MYERS BEACH FL 33931	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	HUGHES, JOSEPHINE	
STREET ADDRESS	17624 OSPRE INLET CT	
CITY-STATE-ZIP	FT. MYERS BEACH FL 33908	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANTINI, FRANCES	
STREET ADDRESS	191 PRIMO DR	
CITY-STATE-ZIP	FORT MYERS BEACH FL 33931	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MATTHEW, JEAN	
STREET ADDRESS	4451 ESTERO BLVD	
CITY-STATE-ZIP	FT. MYERS BEACH FL 33931	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

CR2037 (4/02)

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PENELOPE D. BROWN, TREAS.

7-26-02

239-463-3886

Date

Daytime Phone #