

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000900

1. Entity Name

THE MARION E. FETHER FOUNDATION, INC.

Principal Place of Business

1454 MADISON AVE  
IMMOKALEE FL 34142  
US

Mailing Address

P O BOX 873  
IMMOKALEE FL 34143-0873  
US

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

65-0394953

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

DILLON, WILLIAM  
1454 MADISON AVE  
IMMOKALEE FL 34142

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	TP	<input type="checkbox"/> Delete
NAME	AKIN, RICHARD	
STREET ADDRESS	1220 WESTFIELD DR.	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	TV	<input type="checkbox"/> Delete
NAME	ARAGONA, SHARON B	
STREET ADDRESS	171 PALMETTO DUNES CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	TST	<input type="checkbox"/> Delete
NAME	WEINMAN, STEVEN D.	
STREET ADDRESS	1235 S.E. 24TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL 33990	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

2/23/00 (941) 657-6762

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Mar 14, 2000 8:00 am  
Secretary of State

03-14-2000 90140 001 \*\*\*122.50



DO NOT WRITE IN THIS SPACE