

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005450

1. Entity Name

EDISON INVENTORS ASSOCIATION, INCORPORATED

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90113 002 \*\*\*\*61.25

Principal Place of Business

Mailing Address

9299 MOORING CIRCLE  
FT MYERS FL 33912  
US

P.O. BOX 07398  
FT MYERS FL 33919-0391

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

65-0455261

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

NELSON, GARY H  
9299 MOORING CIR  
FORT MYERS FL 33912

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	D	<input type="checkbox"/> Delete
NAME	KLEIN, JED	
STREET ADDRESS	3710 GALLEY COURT	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHALLBETTER, AL	
STREET ADDRESS	3703 BAYVIEW AVENUE N.W.	
CITY-ST-ZIP	ST. JAMES CITY FL 33956	
TITLE	P	<input type="checkbox"/> Delete
NAME	NELSON, GARY	
STREET ADDRESS	9299 MOORING CIRCLE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOONAN, WILLIAM	
STREET ADDRESS	8250 COLLEGE PARKWAY	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARROW, LAURA	
STREET ADDRESS	18136 HORSESHOE BAY CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WHITING, ANN	
STREET ADDRESS	1840 MARAVILLA AVE #806	
CITY-ST-ZIP	FT MYERS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EXECUTIVE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, WILLIAM	
STREET ADDRESS	20817 SANTORINI WAY	
CITY-ST-ZIP	NORTH FORT MYERS, FL 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN BERT, OLE	
STREET ADDRESS	13141-3 MCGREGOR BLVD	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, DON	
STREET ADDRESS	5019 SAN MARINO DR.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33950	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITING-SMITH, ANN	
STREET ADDRESS	477 ELAND ST.	
CITY-ST-ZIP	N. FT. MYERS, FL 33917	

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

Date

Daytime Phone #

CR2E037 (9/99)