

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003156

1. Entity Name

MARCO ISLAND FILM FESTIVAL, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90095 042 ****61.25

Principal Place of Business	Mailing Address
606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND FL 34145	606 BALD EAGLE DRIVE, SUITE 500 MARCO ISLAND FL 34145-2790

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



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0775361	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R
606 BALD EAGLE DRIVE, SUITE 500
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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	
TITLE	PD <input type="checkbox"/> Delete
NAME	DAILEY, MAURY
STREET ADDRESS	1307 RIVERHEAD AVE
CITY-ST-ZIP	MARCO ISLAND FL 34145
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	BERRY, PATRICIA
STREET ADDRESS	P O BOX 133 N/A
CITY-ST-ZIP	MARCO ISLAND FL 34146
TITLE	VD <input checked="" type="checkbox"/> Delete
NAME	CAMPO, NICK
STREET ADDRESS	311 LA PENINSULA BLVD
CITY-ST-ZIP	NAPLES FL 34113
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	SOUTH, MARY L
STREET ADDRESS	P O BOX 133 N/A
CITY-ST-ZIP	MARCO ISLAND FL 34146
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL SHINN
STREET ADDRESS	679 CALICO CT.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN ARNOLD
STREET ADDRESS	1890 CALUSA CT.
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM GIFFORD
STREET ADDRESS	176 S. COLLIER BLVD #704
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(b), 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 REGISTERED AGENT OR DIRECTOR

[Handwritten Signature]