

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003156

1. Entity Name

MARCO ISLAND FILM FESTIVAL, INC.

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90041 041 ****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~~

601 Elcam Cr. Ste. B-6

601 Elcam Cr. B-6

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

65-0775361

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

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

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 ~~PD~~ **Secretary** ☐ Delete
NAME DAILEY, MAURY
STREET ADDRESS 1307 RIVERHEAD AVE
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition
NAME **PD Nick Campo**
STREET ADDRESS **Marco Movie Theater 599 S. Collier**
CITY-ST-ZIP **Marco Island, FL 34145** ☒ Change ☐ Addition

TITLE ~~FD~~ ☐ Delete
NAME SHINN, FRED
STREET ADDRESS ~~679 CAMEO CT~~ **Cameo Ct.**
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☐ Addition
NAME **Vice Pres.**
STREET ADDRESS **679 Cameo Court**
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ~~VD~~ ☒ Delete
NAME ACNOLD, JIM
STREET ADDRESS 1890 CALUSA CT
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE ☐ Change ☒ Addition
NAME **Dir. Patricia L. Berry**
STREET ADDRESS **P.O. Box 2002**
CITY-ST-ZIP **Marco Island, FL 34146** ☐ Change ☐ Addition

TITLE ~~SD~~ ☐ Delete
NAME SOUTH, MARY L
STREET ADDRESS P O BOX 133 N/A
CITY-ST-ZIP MARCO ISLAND FL 34146

TITLE ☐ Change ☐ Addition
NAME **Treas. Darrell Brown**
STREET ADDRESS **5369 Cove Circla**
CITY-ST-ZIP **Naples, FL 34119** ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia L. Berry 941-642-3378

Date

Daytime Phone #

CR2E037 (10/00)