

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****May 28, 2002 8:00 am**
Secretary of State

05-28-2002 90706 019 ****61.25

866252

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000003156

1. Entity Name

MARCO ISLAND FILM FESTIVAL, INC.

Principal Place of Business

Mailing Address

**601 ELKCAM CR. STE. B-6
MARCO ISLAND FL 34145****601 ELKCAM CR. STE. B-6
MARCO ISLAND FL 34145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0775361

Applied For

Not Applicable

Zip

Country

Zip

Country

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 \$61.259. 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 ☐ Delete
NAME **S DAILEY, MAURY**
STREET ADDRESS **1307 RIVERHEAD AVE**
CITY-ST-ZIP **MARCO ISLAND FL 34145**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VP SHINN, FRED**
STREET ADDRESS **679 CAMEO COURT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D BERY, PATRICIA L**
STREET ADDRESS **P O BOX 2002**
CITY-ST-ZIP **MARCO ISLAND FL 34146**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **SD SOUTH, MARY L**
STREET ADDRESS **P O BOX 133 N/A**
CITY-ST-ZIP **MARCO ISLAND FL 34146**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T BROEN, DARRELL**
STREET ADDRESS **5369 COVE CIRCLE**
CITY-ST-ZIP **NAPLES FL 34119**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **PD CAMPO, NICK**
STREET ADDRESS **MARCO MOVIE THEATHER 599 S. COLLIER**
CITY-ST-ZIP **MARCO ISLAND FL 34145**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)