

2000 UNIFORM BUSINESS REPORT (UBR)

5/2

DOCUMENT # N99000001926

1. Entity Name

ESTERO ART LEAGUE, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

03-29-2000 90047 025 ****61.25

Principal Place of Business BOX 864 ESTERO FL 33928	Mailing Address BOX 864 ESTERO FL 33928-0864
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRADY, CAROL
20535 SOUTH TAMiami TRAIL
ESTERO FL 33928

7. Name and Address of New Registered Agent

Name **BARBARA SEIBERLING**
 Street Address (P.O. Box Number is Not Acceptable) **20781 PORT DRIVE (MARINERS COVE)**
 City **ESTERO** FL Zip Code **33928**

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: *Barbara Seiberling* (NOTE: Registered Agent signature required when reinstating) DATE: **3-24-2000**

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORCHIELLI, ANN N 20891 COUNTRY BARN DR. ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAVOLETTE, DOREEN 20212 ORANGE TREET ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NOTHOUSE, SUZY 8504 PEPPERWOOD DR. ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEPSCH, GRETA 20008 ORANGE TREE LANE ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KING, MAXINE 20008 ORANGE TREE LANE ESTERO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GINI KICK 25594 LIMEQUAT COURT BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT DON McNEELY 20712 COUNTRY BARN DRIVE ESTERO, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RECORDING SECRETARY BARBARA NEWENHISEN 20531 PORT DRIVE ESTERO, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PATRICIA A. HORNE 20584 HIGHLANDS AVE ESTERO, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT TREASURER DOLores RICHARDSON 20068 ORANGE TREE LANE ESTERO, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secretary Barbara Seiberling 20531 Port Drive Estero, FL 33928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *PATRICIA A. HORNE* Date: **3-22-00** (941) 992-3913