

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 395846

1. Entity Name

MARCO NAPLES HITCHING POST TRAVEL RESORT, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90090 026 ***150.00

Principal Place of Business

Mailing Address

100 BAREFOOT WILLIAMS RD
 NAPLES FL 34113
 US

100 BAREFOOT WILLIAMS RD
 NAPLES FL 34113-7961

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1550843

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELOACH, G T
1035 5 AVE N
NAPLES, FLORIDA
33940

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 _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME ELLENBERGER, L. L.
 STREET ADDRESS 11668 QUAIL VILLAGE WAY
 CITY-ST-ZIP NAPLES FL 34119

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME MORRIS, LINDA
 STREET ADDRESS 2934 52ND ST. SW
 CITY-ST-ZIP NAPLES FL

TITLE Change Addition
 NAME 3209 Carriage Cr.
 STREET ADDRESS Naples FL
 CITY-ST-ZIP 34105

TITLE S Delete
 NAME ELLENBERGER, EDITH
 STREET ADDRESS 11668 QUAIL VILLAGE WAY
 CITY-ST-ZIP NAPLES FL 34119

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

TITLE Delete
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 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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

Linda Morris

Date

Daytime Phone #

4-19-00 941-774-1259

CR2F034 (9/93)