

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703230

1. Entity Name

NAPLES AREA CHAMBER OF COMMERCE, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90105 034 ****61.25

Principal Place of Business 3620 N TAMiami TRAIL NAPLES FL 33940-0799	Mailing Address 3620 N TAMiami TRAIL NAPLES FL 34103-3705
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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 59-0688292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JANTSCH, DAWN D
3620 N TAMiami TRAIL
NAPLES FL 34103

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1.7.00**

**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	D <input checked="" type="checkbox"/> Delete
NAME	CASE, C. CARLETON JR
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL 34013
TITLE	C <input checked="" type="checkbox"/> Delete
NAME	COLEMAN, MICHAEL A
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL 34013
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	WESTON, DAVE
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL 34013
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	DOUGLAS, TERRI L
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL 34013
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PEACOCK, ROBERT V
STREET ADDRESS	999 NINTH ST S #109
CITY-ST-ZIP	NAPLES FL 34102
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	KRIER, ELINOR V
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES FL 34103

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, MICHAEL A.
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES FLORIDA 34013
TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, TERRI L.
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FLORIDA 34103
TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, RUSSELL
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FLORIDA 34103
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTON, DAVE
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FLORIDA 34103
TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTON, ED
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FLORIDA 34103
TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANTSCH, DAWN
STREET ADDRESS	3620 N TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FLORIDA 34103

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]* DATE: **1.7.00** DAYTIME PHONE # _____

CR2E037 (9/99)