

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90072 032 ****61.25

DOCUMENT # 710065

1. Entity Name

GARDEN MANOR OF NAPLES, INC.

Principal Place of Business

**203-225 8TH AVE. SOUTH
 NAPLES FLA 34102**

Mailing Address

**6101 14TH AVE SW
 NAPLES FL 34114-4815
 US**

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

59-1583708

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

**EDGAR, BARBARA
 6101 14TH AVE. SW
 NAPLES FL 33999**

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	DP	<input type="checkbox"/> Delete
NAME	PRINCE, CLIFFORD	
STREET ADDRESS	203B 8TH AVE S	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINGTON, JEFF	
STREET ADDRESS	211A 8TH AVE S	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HEATHER, JAMES	
STREET ADDRESS	219B 8TH AVE S	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LEO, JOANNE	
STREET ADDRESS	205-B 8TH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAYER, LINDA	
STREET ADDRESS	215-A 8TH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: CLIFFORD PRINCE **CLIFFORD PRINCE** 4-5-01 434-6591
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

D0033019



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)