

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90042 019 \*\*\*\*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



DO NOT WRITE IN THIS SPACE

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**  Delete  
 NAME **PRINCE, CLIFFORD**  
 STREET ADDRESS **203B 8TH AVE S**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **COLLINGTON, JEFF**  
 STREET ADDRESS **211A 8TH AVE S**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D**  Change  Addition  
 NAME **RICCARDELLI, PETER**  
 STREET ADDRESS **217-A 8TH AVE S**  
 CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **TD**  Delete  
 NAME **HEATHER, JAMES**  
 STREET ADDRESS **219B 8TH AVE S**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **TD**  Change  Addition  
 NAME **TITCOMB, CARL**  
 STREET ADDRESS **2281 ROYAL LANE**  
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **DS**  Delete  
 NAME **LEO, JOANNE**  
 STREET ADDRESS **205-B 8TH AVE SOUTH**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **MAYER, LINDA**  
 STREET ADDRESS **215-A 8TH AVE SOUTH**  
 CITY-ST-ZIP **NAPLES FL 34102**

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

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: **Linda Mayer** **LINDA MAYER VP**

**05/18/02**

**239-435-1346**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)