

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90063 043 ****70.00

DOCUMENT # 741270

1. Entity Name

INDIES WEST ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

2200 GULF SHORE BLVD. NORTH
 NAPLES FL 33940

2200 GULF SHORE BLVD. NORTH
 NAPLES FL 33940

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1789567

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHMAN, KENNETH W., JR.
5801 PELICAN BAY BOULEVARD
SUITE 405
NAPLES FL 33963-2740

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	P	<input checked="" type="checkbox"/> Delete
NAME	RIDDLE, H. MARVIN	
STREET ADDRESS	2258 GULF SHORE BLVD - N.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	BISSETT, ANDREW	
STREET ADDRESS	2228 GULF SHORE BLVD., NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, ED	
STREET ADDRESS	2218 GULF SHORE BLVD. NORTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOWLE, ELISABETH	
STREET ADDRESS	2242 GULF SHORE BLVD - N.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Poor, Mike	
STREET ADDRESS	2201 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blake, Edward F. (Bill)	
STREET ADDRESS	2220 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crosby, Ralph	
STREET ADDRESS	2204 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buckley, Tom	
STREET ADDRESS	2250 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gamble, Will	
STREET ADDRESS	2244 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eaton, Larry	
STREET ADDRESS	2217 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34102	

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 RE (WILL GAMBLE)

4-5-02

239-434-5646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)