

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756763

1. Entity Name

NAPLES COUNCIL ON WORLD AFFAIRS, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90137 028 ****61.25

Principal Place of Business

~~P.O. BOX 1434
NAPLES, FL 34106-1434
US~~

Mailing Address

~~P.O. BOX 1434
NAPLES, FL 34108-0105
US~~

2. Principal Place of Business

P.O. Box 110249

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 110249

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-2139347

Applied For

Not Applicable

Zip

34108

Country

US

Zip

34108

Country

US

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

CHRYSTAL, NEIL R., ESQ.
C/O DUNWOODY, WHITE & LANDON, P.A.
4001 TAMiami TRAIL NORTH SUITE 395
NAPLES FL 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

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 NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, WILLIAM 2901 CRAYTON RD NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORRISON, PATRICIA A. 2453 LANTERN LANE NAPLES FL 34134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FOULKE, EDWARD 1717 GULF SHORE BOULEVARD NORTH #701 NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALEY, JOSEPH 4401 GULF SHORE BOULEVARD NORTH #1102 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BUSH, JAMES 6361 PELICAN BAY BLVD #701 NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Luber, Thomas 2311 Gulf Shore Blvd N APT 215 Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bush, James T 6361 Pelican Bay Blvd APT 7 Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Foulke, Edward D 1717 Gulf Shore Blvd N. APT 701 Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Schmidt W. Llewellyn 405 Pine Ave Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	see list Attached	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *W. Llewellyn Schmidt* 01/21/00 (941) 596-8546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)