

2000 UNIFORM BUSINESS REPORT (UBR)

1012

DOCUMENT # L52450

1. Entity Name
NAPLES/FORT MYERS TOWN HALL, INC.

Principal Place of Business: 1300 3RD ST., SOUTH SUITE 300 NAPLES FL 33940
Mailing Address: 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801-3432 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 25 PM 2:03



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0183538** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **A.G.C. CO. 200 S ORANGE AVE SUITE 2300 ORLANDO FL 32801**

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DPST NAME: JONES, JEANNE W. STREET ADDRESS: 5308 GOLFWAY LANE CITY-ST-ZIP: LYNDHURST OH	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200003343282--2 -03/02/00--01016--011 ****150.00 ****150.00
TITLE: AT NAME: RUTTER, BETSY STREET ADDRESS: 1300 3RD ST SO, #300 CITY-ST-ZIP: NAPLES FL	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: JONES, THEODORE W STREET ADDRESS: 5308 GOLFWAY LANE CITY-ST-ZIP: CLEVELAND OH 44124	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanne W. Jones DIRECTOR
Date: 7/18/00
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #

CF2E034 (5/00)

20Fr

THEODORE W. JONES
ATTORNEY AT LAW

(216) 861-7585

(216) 621-0200
RCA TELEX 215032
FAX (216) 696-0740

3200 NATIONAL CITY CENTER
1900 EAST 9TH STREET
CLEVELAND, OHIO 44114

July 18 2000

Mr. Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: **Naples/Ft. Myers Town Hall, Inc.
2000 Annual Report**

Dear Mr. Toner:


It is my understanding that Ms. Barbara Egolf, an attorney with the Orlando office of Baker & Hostetler, the attorneys for the above-captioned Florida Corporation, has contacted you regarding the late filing of the current year's Annual Report. My wife, Jeanne W. Jones, is sole owner, sole director and sole operator of this business. She had a severe stroke on January 10 of this year and was hospitalized until July 5. She is now confined to a wheel chair and has sustained some brain damage, which has deprived her of her speech abilities. Fortunately, she still has the ability to comprehend.

Since Mrs. Jones is the sole operator of the business, needless to say, her business affairs have been entangled since the time of her stroke. Although I have been attempting to handle her personal and business affairs since the onset of her illness, I have no recollection of ever having received the Annual Report. In all fairness, however, I should point out that it could have been received and, in the confusion of sorting out her affairs, either misplaced or otherwise lost.

In view of the above, the Company is requesting the State of Florida to waive penalties added to the regular filing fee. I believe the State's records will show that in the past years the reports have always been filed on time and the fees promptly paid. Mrs. Jones would appreciate anything the State can do to accommodate her request for a waiver of penalties.

Thank you very much for your consideration.

Very truly yours,


Theodore W. Jones