

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34592

1. Entity Name

NAPLES GULFSHORE CONGREGATION OF JEHOVAH'S WITNE

Principal Place of Business

% ROBERT L TATSIS
682 97TH AVE N
NAPLES FL 34108

Mailing Address

% ROBERT L TATSIS
682 97TH AVE N
NAPLES FL 34108-2281

2. Principal Place of Business

46 Stephen J. KRAVEC

3. Mailing Address

46 Stephen J KRAVEC

Suite, Apt. #, etc.

686 99th Ave N.

Suite, Apt. #, etc.

686 99th Ave N

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34108

Country

USA

Zip

34108

Country

USA

6. Name and Address of Current Registered Agent

TATSIS, ROBERT L.
682 97TH AVE N
NAPLES FL

7. Name and Address of New Registered Agent

Name Stephen J. KRAVEC

Street Address (P.O. Box Number is Not Acceptable)

686 99th Ave N.

City

NAPLES

FL

Zip Code

34108

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

Stephen J. KRAVEC

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/00

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

TITLE DP ☒ Delete
NAME TATSIS, ROBERT L
STREET ADDRESS 682 97TH AVE N
CITY-ST-ZIP NAPLES FL

TITLE VD ☐ Delete
NAME TURCOTTE, ROLAND A
STREET ADDRESS 27022 JARVIS RD.
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE SD ☒ Delete
NAME KRAVEC, STEPHEN J
STREET ADDRESS 686 99TH AVE N
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Change ☐ Addition
NAME Stephen J. KRAVEC
STREET ADDRESS 686 99th Ave N.
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Change ☐ Addition
NAME Leo Jensen
STREET ADDRESS 569 102th Ave N
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90139 021 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1964763

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required