## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N94000001547

Entity Name: NAPLES BOTANICAL GARDEN, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4820 BAYS SUITE D NAPLES, F		US	4820 BAYS NAPLES, F	SHORE DR FL 34112 US		
Current Mailing Address:			New Maili	New Mailing Address:		
4820 BAYS SUITE D NAPLES, F		US	4820 BAYS NAPLES, F	SHORE DR FL 34112 US		
FEI Number:	65-0511429	FEI Number Applied For ( ) FEI N	Number Not Appl	plicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name an				d Address of New Registered Agent:		
QUINN, SONDRA 4820 BAYSHORE DR SUITE D NAPLES, FL 34112 US  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:						
Electronic Signature of Registered Agent Date						
OFFICERS AND DIRECTORS:			ADDITION	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	DC WHITE, LINI 1510 STAR NAPLES, FL	POINTE LANE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DV KAPNICK, H 4000 RUM F NAPLES, FL	ROW	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	DS WARE, CAT 286 18TH A' NAPLES, FL	VE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VP-A DAVIS, NEV 77 CENTER NAPLES, FL	R ST	Title: Name: Address: City-St-Zip:	VP-A (X) Change ( ) Addition THOMAS, BERGER M 985 EASTHAM WAY NAPLES, FL 34104		
Title: Name: Address: City-St-Zip:	4200 BELAI NAPLES, FL	()Delete Y, KENNETH L IR LN APT 108 L 341033179	Title: Name: Address: City-St-Zip:	,		
Title: Name: Address: City-St-Zip:	D BUEHLER, I 1030 SPYG NAPLES, FL	LASS LN	Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. BERGER VP 04/29/2002