

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N99000001998

1. Entity Name
COMMUNITY SCHOOL OF NAPLES, INC.

FILED

00 APR 25 AM 8:08

Principal Place of Business
3251 PINE RIDGE ROAD
NAPLES FL 34109

Mailing Address
3251 PINE RIDGE ROAD
NAPLES FL 34109-5922

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1920297**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, KENNETH R
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

7. Name and Address of New Registered Agent
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRANAHAN, DUANE JR. 4001 TAMiami TRAIL NORTH #301 NAPLES FL 34103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEZESHKAN, FRED 3251 PINE RIDGE ROAD NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SULICK, PETER 3251 PINE RIDGE ROAD NAPLES FL 34109	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRONACHER, JACKIE 3251 PINE RIDGE ROAD NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASV JOHNSON, KENNETH R 4001 TAMiami TRAIL NORTH #300 NAPLES FL 34109	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LARRY RICH 3251 Pine Ridge Rd Naples, FL 34109	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: *[Handwritten signature]* EQUIP ASS. SEC. 4/24/2000 94-435-3535

C-72E037 (9/99)



2052

ACCOUNT NO. : 072100000032

REFERENCE : 674119 7103152

AUTHORIZATION :

COST LIMIT : \$ 61.25

Patricia P. Pitt

ORDER DATE : April 25, 2000

ORDER TIME : 11:20 AM

ORDER NO. : 674119-020

CUSTOMER NO: 7103152

CUSTOMER: Kenneth R. Johnson, Esq
Goodlette Coleman & Johnson,
Suite 300
4001 Tamiami Trail North
Naples, FL 34103

ANNUAL REPORT FILING

NAME: COMMUNITY SCHOOL OF NAPLES,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

RECEIVED
00 APR 25 PM 12:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA