

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001998

1. Entity Name

COMMUNITY SCHOOL OF NAPLES, INC.

Principal Place of Business

3251 PINE RIDGE ROAD  
NAPLES FL 34109

Mailing Address

3251 PINE RIDGE ROAD  
NAPLES FL 34109

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 PD  
NAME STRANAHAN, DUANE JR.  
STREET ADDRESS 4001 TAMiami TRAIL NORTH #301  
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE VD  
NAME PEZESHKAN, FRED  
STREET ADDRESS 3251 PINE RIDGE ROAD  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE TD  
NAME RICH, LARRY  
STREET ADDRESS 3251 PINE RIDGE ROAD  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE SD  
NAME CRONACHER, JACKIE  
STREET ADDRESS 3251 PINE RIDGE ROAD  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE ASV  
NAME JOHNSON, KENNETH R  
STREET ADDRESS 4001 TAMiami TRAIL NORTH #300  
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 29, 2001 8:00 am  
Secretary of State

01-29-2001 90004 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)