

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

**Apr 30, 2001 8:00 am
Secretary of State**

04-30-2001 90133 004 ***158.75

DOCUMENT # P94000020829

1. Entity Name
ROBIN HOOD OF NAPLES, INC.

Principal Place of Business

**4500 EXECUTIVE DR
SUITE 300
NAPLES FL 34119
US**

Mailing Address

**4500 EXECUTIVE DR
SUITE 300
NAPLES FL 34119
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5672 STRAND CT.

Suite, Apt. #, etc.

SUITE #1

City & State
NAPLES, FL

Zip
34110

Country
USA

3. Mailing Address

5672 STRAND CT.

Suite, Apt. #, etc.

SUITE #1

City & State
NAPLES, FL

Zip
34110

Country
USA

4. FEI Number **65-0584253**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JANET P KELLY
4500 EXECUTIVE DR
SUITE 300
NAPLES FL 34119**

Name
JANET P. KELLY

Street Address (P.O. Box Number is Not Acceptable)
5672 STRAND CT.

SUITE #1

City
NAPLES

FL

Zip Code
34110

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 *J Kelly* **JANET KELLY TREASURER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/01

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **D** Delete
NAME **ROBERT PAUL HARDY**
STREET ADDRESS **4500 EXECUTIVE DRIVE SUITE 300**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** Change Addition
NAME **Robert Paul Hardy**
STREET ADDRESS **5692 STRAND CT. #1**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **V** Delete
NAME **STANLEY, JOHN F.**
STREET ADDRESS **2660 AIRPORT ROAD SOUTH**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VICE PRESIDENT** Change Addition
NAME **ROBERT PAUL HARDY**
STREET ADDRESS **5692 STRAND COURT #1**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **ST** Delete
NAME **KELLY, JANET**
STREET ADDRESS **4500 EXECUTIVE DRIVE SUITE 300**
CITY-ST-ZIP **NAPLES FL**

TITLE **ST** Change Addition
NAME **KELLY, JANET**
STREET ADDRESS **5672 STRAND CT. #1**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **PD** Delete
NAME **HARDY, ROBERT S**
STREET ADDRESS **4500 EXECUTIVE DRIVE, STE 300**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **PD** Change Addition
NAME **HARDY, Robert S.**
STREET ADDRESS **5692 STRAND CT. #3**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J Kelly **JANET KELLY TREASURER** **4/5/01 (941) 597-9888**

CR2E034 (10/00)