

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90041 006 \*\*\*\*70.00

**DOCUMENT #** N95000004455

**1. Entity Name**  
 Naples Art Association, Inc.

**Principal Place of Business**      **Mailing Address**  
 585 Park Street      585 Park Street  
 Naples, FL 34102      Naples, FL 34102

**2. Principal Place of Business**      **3. Mailing Address**  
 same      same  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Zip      Country      Zip      Country

**4. FEI Number**      **Applied For**  
 59-1022882      Not Applicable

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

18189

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Hale, James L.  
 643 5th Ave. S.  
 Naples, FL 34102

**7. Name and Address of New Registered Agent**  
 Name: Victoria Pollock  
 Street Address (P.O. Box Number is Not Acceptable):  
 585 Park Street  
 City: Naples, FL      **FL**      Zip Code: 34102

**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]*      **DATE** 6-29-2K  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**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	P. ... Elaine Vreenegoor "D" 3960 Lakemont Dr. Bonita Springs, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Davis, William B. "D" 530 5th Ave. S. Naples, FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Jeannette Kessler "D" 415 10th Ave. S. Naples, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Marilyn Crawford "D" 2325 Hidden Lake Dr. #6 Naples, FL 33962	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Crouch, Lory "D" 3135 Riviera Dr., Naples, FL 33940	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hale, James L. "D" 5796 Woodmere Lake Circle Naples, FL 33962	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Elaine Vreenegoor "D" 3960 Lakemont Dr., Bonita Springs, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP David Arrowsmith "D" 585 Park St., Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jeannette Kessler "D" 525 Anchor Road Dr., Naples, FL 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corresponding Secy. Lois Selfon "D" 71 12th Ave. S. Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary Betty McLenon "D" 585 Park Street Naples, FL 34102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bette Young "D" 6760 Pelican Bay Blvd., Naples, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*      **DATE** 6/29/2K      **Daytime Phone #** 941-262-6517  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)