

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004455

1. Entity Name

NAPLES ART ASSOCIATION, INC.

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90133 013 ****61.25

Principal Place of Business

585 PARK ST.
NAPLES FL 34102
US

Mailing Address

585 PARK ST.
NAPLES FL 34102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1022882

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

POLLOCK, VICTORIA
585 PARK STREET
NAPLES FL 34102

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VREENEGOR, ELAINE	
STREET ADDRESS	3960 LAKEMONT DR	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ARROWSMITH, DAVID	
STREET ADDRESS	585 PARK ST	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	KESSLER, JEANNETTE	
STREET ADDRESS	415 10TH AVE S	
CITY-ST-ZIP	NAPLES FL	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	SELFON, LOIS	
STREET ADDRESS	71 12TH AVE.	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	RSD	<input type="checkbox"/> Delete
NAME	MCLENON, BETTY	
STREET ADDRESS	585 PARK STREET	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	TD	<input type="checkbox"/> Delete
NAME	YOUNG, BETTE	
STREET ADDRESS	6760 PELICAN BAY BLVD	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dunn, Jane	
STREET ADDRESS	5551 Ridgewood Dr	
CITY-ST-ZIP	Naples FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Victoria Pollock 4/20/01 941 262 6517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)