

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2002 8:00 am
Secretary of State

03-15-2002 90010 026 ****61.25

DOCUMENT # 724472

1. Entity Name

THE WHITEHALL OF NAPLES, INC.

Principal Place of Business

1255 GULF SHORE BLVD. NO.
 NAPLES FL 33940

Mailing Address

1255 GULF SHORE BLVD. NO.
 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

59-1510687

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

KLING, PEGGY B
1255 GULF SHORE BLVD
NAPLES, FL
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

Peggy B. Kling

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

(NOTE: Registered Agent signature required when reinstating)

3/04/02

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 type="checkbox"/> Delete
NAME	LANE, ROBERT H.	
STREET ADDRESS	1255 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHLEMMER, CARL	
STREET ADDRESS	1255 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MOORE, CHARLES F. MRS.	
STREET ADDRESS	1255 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	KLING, PEGGY	
STREET ADDRESS	1285 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, BARRY D	
STREET ADDRESS	1255 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Addition
NAME	Nordlund, Don	
STREET ADDRESS	1255 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34102	
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		
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: *Peggy B. Kling* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/04/02

Date

Daytime Phone #

CR2E037 (9/01)