

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 613613

1. Entity Name

RED LION OF NAPLES, INC.

Principal Place of Business

4200 GULF SHORE BLVD. NORTH
NAPLES FL 34103
US

Mailing Address

4200 GULF SHORE BLVD. NORTH
NAPLES FL 34103
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

59-1951592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VEGA, GEORGE
2660 AIRPORT RD
NAPLES FL 34112

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

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, 2002 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

TITLE PD
NAME RENFROE, A STOCKTON ☐ Delete
STREET ADDRESS 700 GOODLETTE RD
CITY-ST-ZIP NAPLES FL

TITLE VD
NAME LUTGERT, SCOTT F. ☐ Delete
STREET ADDRESS 4200 GULF SHORE BLVD N.
CITY-ST-ZIP NAPLES FL

TITLE STD
NAME MAY, RONNIE C ☐ Delete
STREET ADDRESS 3400 TAMiami TRAIL N
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCOTT F. LUTGERT

Date

Daytime Phone #

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90154 016 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)