

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90050 001 \*\*\*\*61.25

0071765

**DOCUMENT # 703183**

1. Entity Name

**NAPLES CHURCH OF CHRIST, INC. NAPLES, FLORIDA**

Principal Place of Business

**1450 MANDARIN ROAD  
 NAPLES FL 33940**

Mailing Address

**1450 MANDARIN ROAD  
 NAPLES FL 34102**

**705700**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3446991**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HAYNES, CLAUDE A  
 4888 WEST BLVD  
 NAPLES FL 34103**

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: **VDT**  Delete  
 NAME: **HAYNES, CLAUDE**  
 STREET ADDRESS: **4888 W BLVD**  
 CITY-ST-ZIP: **NAPLES FL 34103**

TITLE: **VD**  Change  Addition  
 NAME: **Vernon Roy**  
 STREET ADDRESS: **Chelmsford Court**  
 CITY-ST-ZIP: **Naples, FL 34104**

TITLE: **VD**  Delete  
 NAME: **MCCAULEY, CHARLIE**  
 STREET ADDRESS: **3064 LINWOOD AVE**  
 CITY-ST-ZIP: **NAPLES FL 34112**

TITLE: **VD**  Change  Addition  
 NAME: **Daniel W. Luithardt**  
 STREET ADDRESS: **1255 Gulf Shore Blvd. N**  
 CITY-ST-ZIP: **Naples, FL 34102**

TITLE: **VD**  Delete  
 NAME: **BERRY, BOB**  
 STREET ADDRESS: **777 GULFSHORE DRIVE**  
 CITY-ST-ZIP: **NAPLES FL 34103**

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

TITLE: **PD**  Delete  
 NAME: **ADAMS, MITCHAE**  
 STREET ADDRESS: **780 CLARENDON CT**  
 CITY-ST-ZIP: **NAPLES FL 34109**

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

TITLE: **VD**  Delete  
 NAME: **BROWN, GEOFFREY**  
 STREET ADDRESS: **241-15TH ST S.W.**  
 CITY-ST-ZIP: **NAPLES FL 34120**

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

TITLE: **VD**  Delete  
 NAME: **Daniel W. Luithardt**  
 STREET ADDRESS: **1255 Gulf Shore Blvd. N**  
 CITY-ST-ZIP: **Naples, FL 34102**

TITLE:  Change  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: **Daniel W. Luithardt** **SIGNATURE REQUIRED** **Daniel W. Luithardt** **1/19/01** **941-262-2312**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)