

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-30-2001 90314 035 \*\*\*\*61.25

**DOCUMENT # 715721**

1. Entity Name

**LA VILLA RIVIERA OF NAPLES, INC.**

Principal Place of Business

1930 GULF SHORE BLVD N.  
 NAPLES FL 34102-4606  
 US

Mailing Address

1930 GULF SHORE BLVD N.  
 NAPLES FL 34102-4606  
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1291116**

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

**BUSINESS SOLUTIONS OF NAPLES, INC.**  
 800 SEAGATE BLVD  
 STE 202  
 NAPLES FL 34103

Name **Gulf View Property Mgmt. Inc.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2335 9th Street North #504**  
 City **Naples** FL Zip Code **34103**

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.**  
*Signature: Jacquelyn Dzinsleski, Jacquelyn Dzinsleski 3-28-01*  
 DATE **3/28/01**  
 Title **Sec / Treas. GUPM**

**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 NAME STREET ADDRESS CITY-ST-ZIP	VP KERTH, PHIL 1930 GULF SHORE BLVD D 301 NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETERSON, PAT 33201 LAKEVIEW AVE OWAGNIAC MI 49047	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HUME, GWEN 1930 GULF SH BL N C301 NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CAPLAN, RON 10 SOUTHFIELD PL BALTIMORE MD 21212	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSO, RON 1930 GULF SHORE BLVD -N NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jenny, Jean 1930 Gulf Shore Blvd #B202 Naples FL 34102	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reid, Pete -D- 1930 Gulf Shore Blvd N #A302 Naples FL 3410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD John McLean 1930 Gulf Shore Blvd. N #C201 Naples FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD	<input type="checkbox"/> Change <input checked="" 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)(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 817, 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: Jacquelyn Dzinsleski*  
 Address **Peterson 3/28/01**

**941-403-7999**  
 Daytime Phone #

CR2E037 (10/00)