

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2002 8:00 am
Secretary of State**

02-19-2002 90101 024 ****61.25

DOCUMENT # 733005**1. Entity Name****THE COURTYARD, INC.****Principal Place of Business**215 2ND STREET, SOUTH
NAPLES FL 34102
US**Mailing Address**215 2ND STREET, SOUTH
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**59-2363443**

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**DIBELER, VERNON H.
215 2ND STREET, SOUTH
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 Vernon H. Dibeler

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

Vernon H. Dibeler

(NOTE: Registered Agent signature required when reinstating)

1/14/02

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 **PD** ☐ Delete
NAME **DIBELER, VERNON H**
STREET ADDRESS **215 SECOND ST SOUTH**
CITY-ST-ZIP **NAPLES FL 34102**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **FOY, HAROLD**
STREET ADDRESS **BOX 1545**
CITY-ST-ZIP **CAPE CORAL FL 33910**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **DELISO, CLEMENT J SR**
STREET ADDRESS **352 LONGHILL ST**
CITY-ST-ZIP **SPRINGFIELD MA 01108**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **DIBELER, VIRGINIA**
STREET ADDRESS **215 2ND ST S**
CITY-ST-ZIP **NAPLES FL 34102**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:**Vernon H. Dibeler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vernon H. Dibeler

Date

1/14/02

Daytime Phone #

941-263-0804

CR2E037 (9/01)