

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90044 027 ****61.25

DOCUMENT # 749650

1. Entity Name

NAPLES-COLLIER COUNTY NEIGHBORHOOD WATCH, INC.

Principal Place of Business

355 GOODLETTE RD N
 C/O NAPLES CITY POLICE
 NAPLES FL 34102
 US

Mailing Address

355 GOODLETTE RD N
 C/O NAPLES CITY POLICE
 NAPLES FL 34102
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1954122

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

SWIEKERT, EARLE R JR.
2116 IMPERIAL CT.
NAPLES FL 34110

Name **EARLE R. SWEIKERT JR.**

Street Address (P.O. Box Number is Not Acceptable)
2116 IMPERIAL CIR.

City **NAPLES FL. 34110 FL** Zip Code **34110**

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

Earle R. Sweikert Jr.

2-11-02

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 ☐ Delete
 NAME **P/D SWIEKERT, EARLE R JR.**
 STREET ADDRESS **2116 IMPERIAL CT.**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Change ☐ Addition
 NAME **P/D SWEIKERT, EARLE R, JR.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T/D LEIGH, ANTHONY M.**
 STREET ADDRESS **111 WILDNESS DR. #319**
 CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE ☐ Delete
 NAME **SD LEIGH, ELLIE**
 STREET ADDRESS **111 WILDNESS DR. #319**
 CITY-ST-ZIP **NAPLES FL 34105**

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

TITLE ☐ Delete
 NAME **VP NEWMAN, ALAN R**
 STREET ADDRESS **639 94TH AVE N**
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE ☒ Delete
 NAME **PD SWIEKERT, EARLE R JR.**
 STREET ADDRESS **2116 IMPERIAL CIR**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☒ Change ☒ Addition
 NAME **VP NEWMAN LU**
 STREET ADDRESS **639 - 94TH AVE N.**
 CITY-ST-ZIP **NAPLES, FL. 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Anthony M. Leigh
ANTHONY M. LEIGH
 Treasurer

02-11-02 941-262-4144

Date

Daytime Phone #

CR2E037 (9/01)