NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90337 021 ****61.25

DOCUMENT # 749650

1. Entity Name
Naples-Collier County Neighborhood Watch, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
355 Riverside DR N.	355 Riverside Dr. N.
Suite, Apt. #, etc. c/o Naples City Police	Suite, Apt. #, etc. c/o Naples City Police
City & State Naples, FL	City & State NAPLES FL
Zip 34102 Country US	Zip 34102 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1954122 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name EARLE R. Sweikert, JR.

Street Address (P.O. Box Number is Not Acceptable) 2116 Imperial CT

City Naples 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Earle R. Sweikert Jr. 4-17-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	SWEIKERT, EARLE, JR.
STREET ADDRESS	2116 Imperial Ct.
CITY-ST-ZIP	Naples FL 34110
TITLE	VP
NAME	LEIGH, ANTHONY M.
STREET ADDRESS	111 Wilderness Dr. #319
CITY-ST-ZIP	Naples Fl 34105
TITLE	SD
NAME	LEIGH ELEANORE
STREET ADDRESS	111 Wilderness Dr. #319
CITY-ST-ZIP	NAPLES FL. 34105
TITLE	TD
NAME	NEWMAN, ALAN R
STREET ADDRESS	639 94th AVE N.
CITY-ST-ZIP	NAPLES Fl 34108
TITLE	VP
NAME	NEWMAN, LU
STREET ADDRESS	639 94th Ave N
CITY-ST-ZIP	NAPLES FL 34108
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anthony M. Leigh ANTHONY M. LEIGH VP. 4-17-03 239-262-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #