

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755893

1. Entity Name

PALM RIVER HOMEOWNERS AND CIVIC ASSOCIATION, INC

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90042 026 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 110002  
NAPLES FL 34108-0202  
US

PO BOX 110002  
NAPLES FL 34108-0101  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2167714

Applied For

Not Applicable

Zip  
34108-0101

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

OGILVIE, BENJAMIN  
196 FOREST WOOD  
NAPLES FL 34110

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 PD  
NAME BELT, JEAN R.  
STREET ADDRESS 130 FAIRWAY CIRCLE  
CITY-ST-ZIP NAPLES FL 34110-1116 ☐ Delete

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

TITLE VPD  
NAME HUNT, WILLIAM P  
STREET ADDRESS 518 EASTWOOD DRIVE  
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

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

TITLE DS  
NAME MORRILL, JEAN A  
STREET ADDRESS 675 CYPRESS WAY EAST  
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

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

TITLE DT  
NAME BELT, JOHN F  
STREET ADDRESS 130 FAIRWAY CIR  
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

*John F. Belt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-597-3499

CR2E037 (9/99)