

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90109 049 *****61.25

DOCUMENT # 755893

1. Entity Name

PALM RIVER HOMEOWNERS AND CIVIC ASSOCIATION, INC

Principal Place of Business

PO BOX 110002
 NAPLES FL 34108-0101
 US

Mailing Address

PO BOX 110002
 NAPLES FL 34108-0002
 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

59-2167714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OGILVIE, BENJAMIN
196 FOREST WOOD
NAPLES FL 34110

7. Name and Address of New Registered Agent

Name **JOHN F. BELT**

Street Address (P.O. Box Number is Not Acceptable)
130 FAIRWAY CIRCLE

City **NAPLES**

FL Zip Code **34110-1116**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELT, JEAN R.	
STREET ADDRESS	130 FAIRWAY CIRCLE	
CITY-ST-ZIP	NAPLES FL 34110-1116	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HUNT, WILLIAM P	
STREET ADDRESS	518 EASTWOOD DRIVE	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MORRILL, JEAN A	
STREET ADDRESS	675 CYPRESS WAY EAST	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BELT, JOHN F	
STREET ADDRESS	130 FAIRWAY CIR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEALY, CHARLES	
STREET ADDRESS	669 CYPRESS WAY EAST	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John F. Belt Treasurer JOHN F. BELT TREASURER 2-26-01 941-597-3499

CR2E037 (10/00)