

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761463

1. Entity Name

LINWOOD OF NAPLES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90281 014 ****61.25

Principal Place of Business
C/O BORRO TAX ASSOC.
2408 LINWOOD AVE. #8
NAPLES FL 34112
US

Mailing Address
C/O BORRO TAX ASSOC.
2408 LINWOOD AVE. #8
NAPLES FL 34112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2475977

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

BORRO, JOSE M
2408 LINWOOD AVE
STE - 8
NAPLES FL 34112

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 GRACELY, MARY JANE
STREET ADDRESS 205 3RD AVE N
CITY-ST-ZIP NAPLES FL

☒ Delete

TITLE P/D
NAME Valentine, Michael
STREET ADDRESS 2408 Linwood Ave
CITY-ST-ZIP Naples, FL 34112

☐ Change

☒ Addition

TITLE TD
NAME BORRO, JOSE
STREET ADDRESS 2408 LINWOOD AVE / STE - 8
CITY-ST-ZIP NAPLES FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME STUART, VIVIAN
STREET ADDRESS 2408 LINWOOD AVE, BX 3
CITY-ST-ZIP NAPLES FL 34112

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME STEINBERG, DAVID
STREET ADDRESS 2854 BECCA AVENUE
CITY-ST-ZIP NAPLES FL 34112

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)