## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # 761863

1. Entity Name

SK E DANIEL SDIMA

Principal Place of Business

SAVE THE BAYS ASSOCIATION, INC.



## **FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90088 019 \*\*\*\*61.25



2800 GULF SHORE BLVD. NORTH. APT 107 NAPLES FL 34103 US 2. Principal Place of Business Suite, Apt. #, etc.		% e daniel spina 2800 gulf shore blvd. North. Apt 107 Naples Fl 34103 Us		1 (88)() (88)	<b>å</b> ll <b>ä</b> l 17 <b>88</b> 0 ( <b>6</b> 11 <b>8</b> ålle <b>s</b> 1102 elend	Elāli siril dinei	<b>818</b> 13 <b>8</b> 3831 3 <b>88</b> 1		
		3. Mailing Address  Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
									City & S
7:-					4. FEI Number 5	9-2193148		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired	\$8.75 A	dditional	
ļ	6. Name and Address of Curre	nt Registered Agent			<u> </u>	dress of New Registered	- Fee Requi	red	
CDINA	E DANIEL		Na	ime		- Coo or their riegisteres	a Agent		
	e daniel Ulf shore blvd North, apt 1	07	Street Address		(P.O. Box Number is Not Acceptable)				
NAPLES	S FL 33940	0/							
•								49	
<del></del>			Cit	•		F	Zip Co		
8. The above the obligation	ve named entity submits this statement ations of registered agent.	for the purpose of changing its	registered offi	ice or register	ed agent, or both, in	the State of Florida Lan	a familiar with	and accept	
g	and or registered agent.						Tarma III	i, and accept	
SIGNATURE									
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Agent	signature required	when reinstating)	DATE		<u> </u>	
			<del></del>		<del></del> _				
	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financi Contribution.	ing	\$5.00 May Be Added to Fees	Make Ched Florida Depa	k Payable rtment of	to · State:	
TITLE	OFFICERS AND D		11.	Δ	DDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IF	V 10	
NAME	SPINA, E DANIEL	☐ Delete	TITLE		-		☐ Change	☐ Addition	
STREET ADDRESS	2800 GULF SHORE BLVD NO		NAME Street Addr	ECC			_ •		
CITY-ST-ZIP	NAPLES FL 34103		CITY-ST-ZIP	299				]	
TITLE	VD	☐ Delete	TITLE			<del></del>			
NAME STREET ADDRESS	JOHNSON, MERRILL N.		NAME				☐ Change	☐ Addition	
CITY-ST-ZIP	2387 GULF SHORE BLVD. N. NAPLES FL 34103	••	STREET ADDRE	ess		the second second		t A. Refer	
TITLE	TD		CITY-ST-ZIP						
NAME	HERNDON, DUDLEY	☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS	5 <del>25 KETCH DR, UNIT 301</del>		STREET ADDRE	SS 124	Mangaries	PARU DRIVE			
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	Dy A	PLES EC	3 AI DZ	•		
TITLE	· ·	☐ Delete	TITLE	<b>—</b>	, ,	3 21 04	Change		
NAME Street address (			NAME					☐ Addition	
CITY-ST-ZIP			STREET ADDRES	SS					
TITLE	·	☐ Delete	CITY-ST-ZIP	<del></del> -					
NAME		□ Delete	! TITLE NAME	1			☐ Change	Addition	
STREET ADDRESS			STREET ADDRES	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
ITLE IAME		☐ Delete	TITLE	7			☐ Change	Addition	
TREET ADDRESS			NAME				சாவழ்	Addition	
ITY-ST-ZIP			STREET ADDRES	s		•			
2. I hereby ce	ertify that the information supplied with	41. 61.	CITY-ST-ZIP					J	

I nereby 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

SIGNATURE:

SIGNATIVAZEIDZ

9 Jan 03 (239) 424.7232