

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

0014871 AT

DOCUMENT # **A04313**

1. Entity Name

**NAPLES DINNER THEATRE ASSOCIATES, LTD.**

02 APR 12 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**985 AQUA CIRCLE  
NAPLES FL 34102**

Mailing Address

**985 AQUA CIRCLE  
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

Zip

Country

Zip

Country

4. FEI Number

**59-1699933**

Applied For

Not Applicable

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

**CLASP INC.  
C/O CUMMINGS & LOCKWOOD  
3001 NORTH TAMiami TRAIL  
NAPLES FL 34103**

Name **Helen S. Fiske Anderson**

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

**985 Aqua Circle**

City **Naples**

**FL**

Zip Code  
**34102**

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

*Helen S. Fiske Anderson*

**HELEN S. FISKE ANDERSON**

**4/5/02**

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$640,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>FISKE, RICHARD D TRUSTEE 985 AQUA CIRCLE NAPLES FL 34102</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ANDERSON, HELEN S F TRUSTEE 985 AQUA CIRCLE NAPLES FL 34102</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

**600005289556--6  
-04/17/02--01036--027  
\*\*\*\*\*526.25 \*\*\*\*\*526.25**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Helen S. Fiske Anderson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**4/5/02**

**941-262-4861**

Date

Daytime Phone #

CR2E003 (9/01)