

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A97000000474

1. Entity Name
PROVENCE OF NAPLES, LTD.

Principal Place of Business
**4200 GULF SHORE BLVD. NORTH
NAPLES FL 34103**

Mailing Address
**4200 GULF SHORE BLVD. NORTH
NAPLES FL 34103**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.


City & State

City & State

Zip Country

Zip Country

FILED
02 APR 22 PM 3:27
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DUE BY MAY 1, 2002

4. FEI Number **65-0732527**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CATALANO, ANTHONY J
4001 TAMIAMI TRAIL NORTH, #404
NAPLES FL 34103**

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. **\$21,250,000.00**

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	P97000017432 PROVENCE OF NAPLES, INC. 4200 GULF SHORE BLVD. NORTH NAPLES FL 33940	STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

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:  **HOWARD B. GUTMAN**
VICE (PRESIDENT) OF GENERAL PARTNER **4/18/02** **(941) 261-6100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)