

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90072 026 ***158.75

DOCUMENT # H98970

1. Entity Name
TGT OF NAPLES, INC.



Principal Place of Business
**550 COLONIAL DRIVE
HILTON HEAD ISLAND SC 29926**

Mailing Address
**550 COLONIAL DRIVE
HILTON HEAD ISLAND SC 29926**

11007622



2. Principal Place of Business
280 Woodland Drive West

3. Mailing Address
280 Woodland Drive West

Suite, Apt. #, etc.
23 - 1B

Suite, Apt. #, etc.
23 - 1B

City & State
BRANSON, MO

City & State
BRANSON, MO

Zip
65616

Country
USA

Zip
65616

Country
USA

4. FEI Number
59-2651606

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HUPP, CRAIG T CPA
6200 CYPRESS HOLLOW WAY
NAPLES FL 34109**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
RASMUSSEN, WILLIAM F.
550 COLONIAL DRIVE
HILTON HEAD ISLAND SC 29926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RASMUSSEN, LOIS A.
550 COLONIAL DRIVE
HILTON HEAD ISLAND SC 29926** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CP
RASMUSSEN, WILLIAM F.
280 WOODLAND Drive West 23-1B
BRANSON, MO 65616** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
RASMUSSEN, LOIS A.
280 WOODLAND Drive West 23-1B
BRANSON, MO 65616** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 607, 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 **417/334/0385**
Date Daytime Phone #

CR2E034 (10/02)