

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J55727

1. Entity Name

T.C.C. OF NAPLES, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90054 001 ***550.00

07-24-2000 90054 002 *****8.75

Principal Place of Business

168 COMMERCIAL BLVD.
NAPLES FL 34104
US

Mailing Address

168 COMMERCIAL BLVD.
NAPLES FL 34104
US

18856

2. Principal Place of Business

4573 Exchange Ave
Suite, Apt. #, etc.
#9

3. Mailing Address

4573 Exchange Ave
Suite, Apt. #, etc.
#9



DO NOT WRITE IN THIS SPACE

City & State

NAPLES FLA.

City & State

NAPLES, FLA

4. FEI Number

59-2765656

Applied For

Not Applicable

Zip
34104

Country

Collier

Zip
34104

Country

Collier

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOUIS W. CHEFFY
CHEFFY & PASSIDOMO, P.A.
821 FIFTH AVE. SOUTH STE. 201
NAPLES FL 33940

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME BAKER, ERIC J.
STREET ADDRESS 56 CENTER ST.
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE STD
NAME BAKER, SUSAN H.
STREET ADDRESS 56 CENTER ST.
CITY-ST-ZIP NAPLES FL ☒ Delete

TITLE STD
NAME CHRIS BAKER
STREET ADDRESS 56 CENTER ST
CITY-ST-ZIP NAPLES, FLA. 34104 ☐ Change ☒ Addition

TITLE STD
NAME BAKER, SUSAN H.
STREET ADDRESS 56 CENTER ST
CITY-ST-ZIP NAPLES FL ☒ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 1 2000 941-645-2339
Date Daytime Phone #

CR/E03: (1/1)