

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90023 034 \*\*\*150.00

**DOCUMENT # L14173**

1. Entity Name  
**NEAPOLITAN TRAVEL, INC.**

Principal Place of Business 878 NEAPOLITAN WAY NAPLES FL 34103	Mailing Address 878 NEAPOLITAN WAY NAPLES FL 34103-3120
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>SAME</b>	3. Mailing Address <b>SAME</b>	4. FEI Number <b>65-0139462</b>	Applied For
Suite, Apt. #, etc. <b>SAME</b>	Suite, Apt. #, etc. <b>SAME</b>		Not Applicable
City & State <b>SAME</b>	City & State <b>SAME</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>SAME</b>	Country <b>SAME</b>		

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**COWEN, MARTHA A.**  
**878 NEAPOLITAN WAY**  
**NAPLES FL 34103**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	
NAME VPT COGHILL, SHANNON A. 878 NEAPOLITAN WAY NAPLES FL 34103	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PS COWEN, MARTHA A. 475 CARICA RD NAPLES FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, with all other like empowered.

SIGNATURE: Martha A. Cowen 2-16-2000 941-649-7767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)