

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 29, 2000 8:00 am**  
**Secretary of State**

01-29-2000 90034 017 \*\*\*150.00

**DOCUMENT # L56300**

1. Entity Name

**ARPIN ASSOCIATES, INC.**

Principal Place of Business

736 COURTSIDE DR.  
NAPLES FL 33999

Mailing Address

736 COURTSIDE DR.  
NAPLES FL 34105-7136

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-2658609**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NOVICK, ALAN L**  
**821 FIFTH AVE SOUTH STE 201**  
**NAPLES FL 34102**

Name

**F. Edward Johnson, Esquire**

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

**Cheffy Passidomo Wilson & Johnson**

**821 Fifth Avenue South, Suite 201**

City  
**Naples**

FL

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

**F. Edward Johnson, Registered Agent**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**JAN. 24, 2000**

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 \$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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	ARPIN, LEON G., JR	
STREET ADDRESS	407 COURTSIDE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARPIN, SARAH K.	
STREET ADDRESS	407 COURTSIDE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WATTS, GEORGE W., III	
STREET ADDRESS	15 CASPER LANE	
CITY-ST-ZIP	WESTON VT	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DOUCETTE, WILLIAM J.	
STREET ADDRESS	65 ALBERTA LANE	
CITY-ST-ZIP	HOLLISTON MA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	736 COURTSIDE DRIVE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	736 COURTSIDE DRIVE	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	13813 N. WEST 44TH AVE	
CITY-ST-ZIP	VANCOUVER, WASH 98685	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

**ARPIN Assoc. Pres.**

**JAN 3, 2000 941 262-8962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #