

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 JUN -7 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 75436
1. Entity Name

BACK NINE OF NAPLES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business MARY D. O'BRIEN Suite, Apt. #, etc. 140 S. GOLF DRIVE City & State NAPLES, FLORIDA Zip 33940 Country		3. Mailing Address % MARY O'BRIEN Suite, Apt. #, etc. 140 S. GOLF DRIVE City & State NAPLES, FLORIDA Zip 33940 Country	
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DO NOT WRITE IN THIS SPACE

4. FEI Number N/A	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	NOVICK ALAN S. ESQ
Street Address (P.O. Box Number is Not Acceptable)	
800 LAUREL OAK DR. SUITE 200	
City	NAPLES FL Zip Code 33963

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. (NO IL: 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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD O'BRIEN, DANIEL P. 140 S. GOLF DRIVE NAPLES FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SVD O'BRIEN, MARY D. 140 S. GOLF DRIVE NAPLES FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD O'BRIEN, PETER J. 1541 N. WELLS ST CHICAGO, IL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD STUMPF, KATHLEEN 1520 N WELLS ST CHICAGO IL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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****150.00 ****150.00

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  JUNE 6, 2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)