

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000003222**

1. Entity Name

CONCERNED CITIZENS FOR RESPONSIBLE GOVERNMENT, I

Principal Place of Business

**4100 CORPORATE SQUARE #158
NAPLES FL 34104**

Mailing Address

**4100 CORPORATE SQUARE #158
NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

P. O. Box 1186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples, FL 34106

Zip

Country

Zip

Country

4. FEI Number **65-1013170**

Applied For

Not Applicable

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

**WATSON, GORDON R
2621 WINDWARD WAY
NAPLES FL 34103**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, GORDON R 2621 WINDWARD WAY NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKMAN, MARTHA 5040 SEASHELL AVENUE NAPLES FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, KIM 4089 TAMiami TRAIL NORTH NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOMES, FRANCIS J 152 BEARS PAW TRAIL NAPLES FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENT, MAURICE D 4160 CUTLASS LANE NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDEOUTTE, JAMES 1125 WILDWOOD LANE NAPLES FL 34105 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90012 013 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)

DOCUMENT
#113222

Concerned Citizens for Responsible Government
2001 Uniform Business Report
Document # N00000003222

Supplemental Page for Block 11

D
Mohlke, George
Naples, FL 34106

527025

D
Putzell, Edwin
1285 Gulf Shore Blvd. N
Naples, FL 34102

D
Roberts, Dolly
382 Broad Avenue South
Naples, FL 34102

D
Russell, Clark
3005 Ft. Charles Drive
Naples, FL 34103