

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002249

1. Entity Name

NORTH BAY CIVIC ASSOCIATION, INC.

FILED

May 19, 2002 8:00 am
Secretary of State

05-19-2002 90207 002 ****61.25

Principal Place of Business

Mailing Address

~~921 CARRICK BEND CIR., #201~~
~~NAPLES FL 34110~~

~~921 CARRICK BEND CIR., #201~~
~~NAPLES FL 34110~~

2. Principal Place of Business

3. Mailing Address

P.O. Box 770273

P.O. Box 770273

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34107

Country

Zip

34107

Country

4. FEI Number

59-3682919

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

FEE, DOUGLAS M
921 CARRICK BEND CIR., #201
NAPLES FL 34110

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	DPT	<input type="checkbox"/> Delete
NAME	FEE, DOUGLAS M	
STREET ADDRESS	921 CARRICK BEND CIR., #201	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CARON, ROBERT L	
STREET ADDRESS	790 WIGGINS BAY DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GARDELLA, THOMAS J	
STREET ADDRESS	764 E. VALLEY DR.	
CITY-ST-ZIP	NAPLES FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONNIE KARKUT	
STREET ADDRESS	945 CARRICK BEND CIRCLE #202	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARY EIDSON	
STREET ADDRESS	14592 GLEN ELEN DRIVE	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Wagener	
STREET ADDRESS	13105 VANDERBILT DRIVE #502	
CITY-ST-ZIP	Naples, FL 34110	
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		

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:

Douglas M FEE President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (239) 513-1040

Date

Daytime Phone #

CR2E037 (9/01)