

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90109 010 ****61.25

DOCUMENT # N01000005160

1. Entity Name

THE OTHER VOICE OF NAPLES, INC.

Principal Place of Business

Mailing Address

**C/O CATHLEEN BERGIN
 400 8TH STREET NORTH
 NAPLES FL 34102**

**C/O CATHLEEN BERGIN
 400 8TH STREET NORTH
 NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3720096

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

**MOORE, MICHAEL G
 2660 AIRPORT ROAD SOUTH
 NAPLES FL 34112**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael G. Moore

9/10/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **D** ☐ Delete
 NAME **BERGIN, CATHLEEN CCC-SLP**
 STREET ADDRESS **400 8TH STREET NORTH**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BERGER, JOHN**
 STREET ADDRESS **364 FLAMINGO AVE**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ALEXANDER, JERRY**
 STREET ADDRESS **1391 27TH ST, SW**
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **SINCLAIR, MARGO**
 STREET ADDRESS **106 OAKLAND HILLS DR**
 CITY-ST-ZIP **NAPLES FL 34113** *deceased*

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WOOD, LEONARD**
 STREET ADDRESS **3295 5TH AVE NW**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Cathleen BERGIN **REQUIRE** *Ed.D.* **9/10/02** **649-3394** ⁽²³⁹⁾

CR2E037 (4/02)

Attachment #1001000008160
**NAPLES CENTER FOR VOICE, SPEECH 125540
& SWALLOWING DISORDERS**

400 8th Street North, Naples, Florida 34102
(239) 649-3394 * Fax (239) 430-5589

Cathleen Bergin, Ed. D., CCC-SLP
Certified Speech - Language - Voice Pathologist
LSVT Certified Instructor
IAL Alaryngeal Instructor
Se habla español

9/10/02

Dear Department,

I hope I completed this
information correctly for my
cancer support group. Please
call me if there is any
problem or error.

Thank-you.

Cathleen Bergin