

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90240 009 ****61.25

DOCUMENT # N01000005160



1. Entity Name
THE OTHER VOICE OF NAPLES, INC.

Principal Place of Business

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

Mailing Address

**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

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

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

4/29/03 239-649-3394

CR2E037 (10/02)