

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90176 025 ****61.25

DOCUMENT # N01000005448

1. Entity Name

NAPLES THUNDER YOUTH BASKETBALL ASSOCIATION, INC

Principal Place of Business

Mailing Address

2745 16 AVE SE
 NAPLES FL 34117

2745 16 AVE SE
 NAPLES FL 34117

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3737467

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PINTER, MICHAEL R
4328 CORPORATE SQUARE STE C
NAPLES FL 34104

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

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 **BRITHERTON, SHARON**
 STREET ADDRESS **2745 16 AVE SE**
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☒ Change ☐ Addition
 NAME **BROTHERTON, SHARON**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **ROBEY, ANNA**
 STREET ADDRESS **2745 16 AVE SE**
 CITY-ST-ZIP **NAPLES FL 34117**

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

TITLE **D** ☒ Delete
 NAME **HAIGHT, LORI**
 STREET ADDRESS **8427 HOLLOW BROOKE CIR**
 CITY-ST-ZIP **NAPLES 34 34119**

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

TITLE **D** ☒ Delete
 NAME **STRESEN-REUTER, LORI**
 STREET ADDRESS **585 LAKELAND**
 CITY-ST-ZIP **NAPLES 34 34110**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Sue Baker**
 STREET ADDRESS **9711 Litchfield Lane**
 CITY-ST-ZIP **Naples, FL 34109**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Peggy Gubbrud**
 STREET ADDRESS **4990 Brixton Court**
 CITY-ST-ZIP **Naples, FL 34104**

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: *Sharon Brotherton* **SHARON BROTHERTON** Sharon Brotherton 7/24/02 239 690-2781

CR2E037 (4/02)