

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90081 025 \*\*\*\*61.25

**DOCUMENT # N02000009399**

1. Entity Name

**NAPLES JUNIORS, INC.**



Principal Place of Business

**6640 WILLOW PARK DRIVE  
NAPLES FL 34109**

Mailing Address

**6640 WILLOW PARK DRIVE  
NAPLES FL 34109**

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

**11-3666975**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JOHNSON, HENRY P  
6640 WILLOW PARK DRIVE  
NAPLES FL 34109**

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)

**2/11/03**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 or without other like empowered.

**SIGNATURE: x SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 3-5-03**  
Date

**x 239-250-3532**  
Daytime Phone #

CR2E037 (10/02)

*Attachment*

SSD 19482  
No 200000 9399

**OFFICERS AND DIRECTORS**

TITLE: Chairman of the Board  
NAME: Eric Peltz  
STREET ADDRESS: 1150 Wildwood Lakes Boulevard  
CITY-ST-ZIP: Naples, Florida 34104

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TITLE: Director  
NAME: Anne Fredette  
STREET ADDRESS: 4515 - 10<sup>th</sup> Street N.E.  
CITY-ST-ZIP: Naples, Florida 34120

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TITLE: Director  
NAME: Sue Stearns  
STREET ADDRESS: 252 Lambton Lane  
CITY-ST-ZIP: Naples, Florida 34104

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TITLE: Director  
NAME: Beth Lightner  
STREET ADDRESS: 189 Willoughby Drive  
CITY-ST-ZIP: Naples, Florida 34110

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TITLE: Director  
NAME: Kim Chappell  
STREET ADDRESS: 235 Willoughby Drive  
CITY-ST-ZIP: Naples, Florida 34110

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*Attachment*

SSO19482  
NO2 000009399

TITLE: Director  
NAME: Henry Paul Johnson  
STREET ADDRESS: 6640 Willow Park Drive  
CITY-ST-ZIP: Naples, Florida 34109

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TITLE: Director  
NAME: Nadine Gill  
STREET ADDRESS: 4040 East River Drive  
CITY-ST-ZIP: Fort Myers, Florida 33916

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TITLE: Director  
NAME: Joanne Kohlhausen  
STREET ADDRESS: 2696 Linwood Avenue  
CITY-ST-ZIP: Naples, Florida 34112

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TITLE: Director  
NAME: Karen Stevenson  
STREET ADDRESS: 3790 - 8<sup>th</sup> Avenue S.E.  
CITY-ST-ZIP: Naples, Florida 34117

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