

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2001 8:00 am**  
**Secretary of State**

01-17-2001 90070 015 \*\*\*\*61.25

**DOCUMENT # N10705**

1. Entity Name

**THE ASSOCIATION OF PORT OF THE ISLANDS, INC.**

Principal Place of Business

Mailing Address

~~205 SUNRISE COY~~  
~~#105~~  
**NAPLES FL 34114**  
**US**

~~205 SUNRISE COY~~  
~~#105~~  
**NAPLES FL 34114**  
**US**

002831



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**211 Pine Valley Cir**  
 Suite, Apt. #, etc.

**P.O. Box 552**  
 Suite, Apt. #, etc.

City & State

City & State

**NAPLES, FL**

**NAPLES, FL**

Zip **34113**

Country **US**

Zip **34106**

Country **US**

4. FEI Number **65-0355310**

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

**BARNARD, J**  
**205 SUNRISE CAY**  
~~#105~~  
**NAPLES FL 34114**

Name **BARNARD, Thomas**  
 Street Address (P.O. Box Number is Not Acceptable)  
**211 Pine Valley Cir**  
 City **NAPLES** FL Zip Code **34113**

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**1/05/01**  
 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 **PSTD** ☐ Delete  
 NAME **BARNARD, THOMAS L**  
 STREET ADDRESS **205 SUNRISE CAY #105**  
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE **PSTD** ☒ Change ☐ Addition  
 NAME **BARNARD, Thomas L.**  
 STREET ADDRESS **P.O. Box 552**  
 CITY-ST-ZIP **NAPLES, FL 34106**

TITLE ☒ Delete  
 NAME **SMITH, CLARENCE**  
 STREET ADDRESS **205 SUNRISE CAY #105**  
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Burgess, Richard**  
 STREET ADDRESS **P.O. Box 552**  
 CITY-ST-ZIP **NAPLES, FL 34106**

TITLE **D** ☐ Delete  
 NAME **HARDY, ROBERT S**  
 STREET ADDRESS **205 SUNRISE CAY #105**  
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE **D** ☒ Change ☐ Addition  
 NAME **HARDY, Robert S**  
 STREET ADDRESS **P.O. Box 552**  
 CITY-ST-ZIP **NAPLES, FL 34106**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/05/01** **941-250-4910**  
 Date Daytime Phone #

CR2E037 (10/00)

0072085