

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15106

1. Entity Name

NAPLES WINTERPARK NORTH, INC.

Principal Place of Business

C/O DIANA GURGES
3400 TAMiami TRAIL N #202
NAPLES FL 34103

Mailing Address

C/O DIANA GURGES
3400 TAMiami TRAIL N #202
NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GURGES, DIANA
3400 TAMiami TR N
#202
NAPLES FL 34103

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	WALSH, ALAN	
STREET ADDRESS	3450 FROSTY WAY #6	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	SD	☒ Delete
NAME	CORSO, MABEL	
STREET ADDRESS	34410 FROSTY WAY # 4	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	☐ Delete
NAME	GALVIN, THOMAS	
STREET ADDRESS	3470 FROSTY WAY #7	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VP D	☐ Delete
NAME	MUGFORD, LARRY	
STREET ADDRESS	3420 FROSTY WAY # 6	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	☐ Delete
NAME	ANGELO, RICHARD	
STREET ADDRESS	3400 FROSTY WAY # 8	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	DV	☒ Delete
NAME	MUGFORD, LARRY	
STREET ADDRESS	3420 FROSTY WAY #6	
CITY-ST-ZIP	NAPLES FL 34112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	☐ Change ☒ Addition
NAME	GANN, William	
STREET ADDRESS	3450 FROSTY WAY	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90018 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)