

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17985

1. Entity Name

THE BAY FRONT OF NAPLES ASSOCIATION,. INC.

Principal Place of Business

C/O NEWELL PROPERTY MGMT  
4148 A CORPORATE SQ  
NAPLES FL 34104  
US

Mailing Address

C/O NEWELL PROPERTY MGMT  
4148 A CORPORATE SQ  
NAPLES FL 34104  
US

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

59-2739383

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

NEWELL, WILLIAM  
4148 A CORPORATE SQ  
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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS MAYTUM, ROBERT  
CITY-ST-ZIP 1501 CHESAPEAKE AVE., #1A  
NAPLES FL 34102 ☐ Delete

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

TITLE  
NAME D  
STREET ADDRESS MAYTUM, MARK R.  
CITY-ST-ZIP 1501 CHESAPEAKE AVE., #2A  
NAPLES FL 34102 ☐ Delete

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

TITLE  
NAME STD  
STREET ADDRESS MAYTUM, MARILYN  
CITY-ST-ZIP 1501 CHESAPEAKE AVE., #1B  
NAPLES FL 34102 ☐ Delete

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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

3/3/01 841-7741405

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90203 002 \*\*\*\*61.25

977250



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)