

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90167 001 ****61.25

DOCUMENT # N23585

1. Entity Name

COLONIAL SQUARE OF NAPLES, INC.

Principal Place of Business

Mailing Address

%THOMAS R. BROWN
 2660 AIRPORT ROAD SOUTH
 NAPLES FL 33962

%THOMAS R. BROWN
 2660 AIRPORT ROAD SOUTH
 NAPLES FL 34112-4885

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0030123

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

BROWN, THOMAS R.
2660 AIRPORT ROAD SOUTH
NAPLES FL 33962

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

34112

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:
FEES 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: PD
 NAME: WOODWARD, MARK
 STREET ADDRESS: 801 LAUREL OAK DR SUITE 640
 CITY-ST-ZIP: NAPLES FL Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: 801 LAUREL OAK STE. 710
 CITY-ST-ZIP: NAPLES FL 34108

TITLE: VPD
 NAME: KRAUS, CHERYL
 STREET ADDRESS: 1047 GOODLETTE RD
 CITY-ST-ZIP: NAPLES FL 34102 Delete

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

TITLE: STD
 NAME: BUCKHANNON HANK,
 STREET ADDRESS: 1076 GOODLETTE RD
 CITY-ST-ZIP: NAPLES FL 34102 Delete

TITLE: Change Addition
 NAME: Raymond Phillips
 STREET ADDRESS: 1064 Goodlette Rd
 CITY-ST-ZIP: Naples FL 34102

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
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TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED

4/5/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/95)