

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90045 009 ****61.25

DOCUMENT # N41429

1. Entity Name

THE TEDDY BEAR MUSEUM OF NAPLES, INC.

Principal Place of Business

Mailing Address

2511 PINE RIDGE RD.
 NAPLES FL 33942

2511 PINE RIDGE RD.
 NAPLES FL 33942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2511 Pine Ridge Rd

Suite, Apt. #, etc.

2511 Pine Ridge Rd

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

65-0230494

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

BLACK, GEORGE
2511 PINE RIDGE RD
NAPLES FL 34109

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

George Black

1-16-02

(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 ☒ Delete
 NAME **D. HAYES, FRANCES PEW**
 STREET ADDRESS **2511 PINE RIDGE ROAD**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☒ Addition
 NAME **David Ulrich**
 STREET ADDRESS **3691 Evans Ave, Suite 207**
 CITY-ST-ZIP **Fort Myers, FL 33901**

TITLE ☒ Delete
 NAME **D. WILSON, ROBERT L**
 STREET ADDRESS **4001 TAMAMI TR N**
 CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ Delete
 NAME **D. WESTMAN, CARL E**
 STREET ADDRESS **1952 CRAYTON RD**
 CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ Delete
 NAME **D. BLACK, GEORGE B JR**
 STREET ADDRESS **2312 ELIZABETH CT**
 CITY-ST-ZIP **NAPLES FL**

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

TITLE ☐ Delete
 NAME **D. BLACK, J. HOWARD**
 STREET ADDRESS **5550 HERON POINT DR., #905**
 CITY-ST-ZIP **NAPLES FL 33963**

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

TITLE ☐ Delete
 NAME **D. SOLOMON, GENE R**
 STREET ADDRESS **1342 COLONIAL BLVD #11**
 CITY-ST-ZIP **FT MYERS FL**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)