

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90143 018 ****61.25

DOCUMENT # N44086

1. Entity Name
NAPLES VISITORS BUREAU, INC.

Principal Place of Business
**1901 GULF SHORE BLVD NORTH
NAPLES FL 33940**

Mailing Address
**851 GULF SHORE BLVD N
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0290756

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GOODLETTE, J. DUDLEY
GOODLETTE, COKMAN & JOHNSON
4001 TAMiami TRAIL NORTH
NAPLES FL 34103**

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 **AYRES, JOHN E** ☒ Delete
NAME
STREET ADDRESS **1901 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **Doyle, Wm.** ☐ Change ☒ Addition
NAME
STREET ADDRESS **1901 Gulfshore Blvd N**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **WATKINS, MICHAEL** ☐ Delete
NAME
STREET ADDRESS **851 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE **SAROS, ED** ☐ Delete
NAME
STREET ADDRESS **280 VANDERBILT BEACH RD**
CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **ALBEIT, RON** ☐ Delete
NAME
STREET ADDRESS **475 SEAGATE DR**
CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **Chairman** ☐ Delete
NAME
STREET ADDRESS **THIRION, JERRY**
CITY-ST-ZIP **9891 GULF SHORE DR**
NAPLES FL 34108

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 REQUIRED** *Jerome R. Thirion Jr* 1/12/02 941-777-1922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)