

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
 05-12-2001 90015 029 \*\*\*\*61.25

**DOCUMENT # N44113**

1. Entity Name

**QUAIL WEST FOUNDATION, INC.**

Principal Place of Business

5950 BURNHAM RD.  
 NAPLES FL 34119  
 US

Mailing Address

5950 BURNHAM RD.  
 NAPLES FL 34119  
 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

**65-0302020**

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

**S. JOHN CONTI**  
**5950 BURNHAM ROAD**  
**NAPLES FL 34119**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEES, MARSHALL</b>	
STREET ADDRESS	<b>33 W. MONROE ST. #2610</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60603</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KRAMER, DOUGLAS</b>	
STREET ADDRESS	<b>33 W. MONROE ST. #2610</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60603</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARDY, ROBERT S.</b>	
STREET ADDRESS	<b>6289 BURNHAM RD.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HESSE, SANDRA</b>	
STREET ADDRESS	<b>6289 BURNHAM RD.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CONTI, S JOHN</b>	
STREET ADDRESS	<b>5950 BURNHAM RD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>CHAPMAN, LINDA J.</b>	
STREET ADDRESS	<b>6289 BURNHAM ROAD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**S. JOHN CONTI**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01

941-592-1191

Date

Daytime Phone #

CR2E037 (10/00)