

DOCUMENT # N48882

1. Entity Name

NAPLES AREA TOURISM BUREAU, INC.**FILED**
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90105 037 ****61.25

Principal Place of Business

Mailing Address

**3620 TAMiami TR N
NAPLES FL 33940****3620 TAMiami TR N
NAPLES FL 34103-3705**

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

65-0342023

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JANTSCH, DAWN D
3620 N TAMiami TRAIL
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 NAME STREET ADDRESS CITY-ST-ZIP	C CASE, V C 955 TENTH AVE N NAPLES FL 34101	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Coleman, Michael A. 3620 N Tamiami Trail Naples, Florida 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, MICHAEL A 365 FIFTH AVE S NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Douglas, Terri 3620 N Tamiami Trail Naples, Florida 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WESTON, DAVID A 3106 S HORSESHOE DR NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Budd, Russell 3620 N Tamiami Trail Naples, Florida 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOUGLAS, TERRI L 4500 EXCHANGE AVE NAPLES FL 34104	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Weston, Dave 3620 N Tamiami Trail Naples, Florida 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEACOCK, ROBERT V 999 NINTH ST S #109 NAPLES FL 34102	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Morton, Ed 3620 N Tamiami Trail Naples, Florida 34103	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANTSCH, DAWN D 3620 N TAMiami TRAIL NAPLES FL 34103	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jantsch, Dawn 3620 N Tamiami Trail Naples, Florida 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in s. 19.07, Florida Statutes, and I hereby 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

Date

Daytime Phone #

CR2E037 (9/99)