

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90017 032 ****61.25

DOCUMENT # N48882

1. Entity Name

NAPLES AREA TOURISM BUREAU, INC.

Principal Place of Business

Mailing Address

**3620 TAMiami TR N
 NAPLES FL 34103**

**3620 TAMiami TR N
 NAPLES FL 34103**

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**

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

JAY MURPHY

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

3620 TAMiami TRAIL N.

City

NAPLES

FL

Zip Code

34103

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	D COLEMAN, MICHAEL A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3620 N TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	C DOUGLAS, TERRI	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3620 N TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	S BUDD, RUSSELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3620 N TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	D WESTON, DAVE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3620 N TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	T MORTON, ED	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3620 N TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	P JANTSCH, DAWN D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3620 N TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE NAME	C BUDD, RUSSELL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3620 N. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE NAME	S CONRECODE, TOM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3620 TAMiami TRAIL N.	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE NAME	T MCMAHAN, TERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3620 N. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE NAME	D WESTON, DAVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3620 N. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE NAME	D MORTON, ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3620 N. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)