

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002617

1. Entity Name

SOUTHERN EXPOSURE OF NAPLES, INC.

Principal Place of Business

P. O. BOX 990192  
NAPLES FL 33999  
US

Mailing Address

P. O. BOX 990192  
NAPLES FL 33999  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

STEWART & STORTER ATTORNEYS AT LAW  
2121 COUNTY ROAD 951  
SUITE 101  
GOLDEN GATE FL 33999

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME KEISER, JAMES K ☐ Delete  
STREET ADDRESS P.O. BOX 990023 N/A  
CITY-ST-ZIP NAPLES FL 34116

TITLE T/D  
NAME CUNNINGHAM, WILLIAM ☒ Delete  
STREET ADDRESS 28046 EAST BROOK DR.  
CITY-ST-ZIP BONITA SPGS. FL 33923

TITLE D  
NAME HARPIN, GIL ☐ Delete  
STREET ADDRESS 555 CAPE FLORIDA LN  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~D KARAN~~ ☐ Change ☒ Addition  
NAME KARAN MORGAN  
STREET ADDRESS 128 PRIETWOOD LN  
CITY-ST-ZIP NAPLES, FL 34112

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

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

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

TITLE ☐ Change ☐ Addition  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01

941-659-5495

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)