

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003784

1. Entity Name

NAPLES CHAPTER OF NATIONAL AMBUCS, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90104 044 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 10606
NAPLES FL 34101

P.O. BOX 10606
NAPLES FL 34101-0606



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0635009

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

STANTON, DALE R

~~3370 13TH AVE SW~~
~~NAPLES FL 33904~~

Change address

Name

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

~~260 BELINA DR #4~~

~~NAP~~ 260 BELINA DR #4

City

NAPLES

FL

Zip Code

34104

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

DALE R STANTON

DALE R STANTON

1/22/00

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 | SD | <input checked="" type="checkbox"/> Delete |
| NAME | FLEETWOOD, JULIE | |
| STREET ADDRESS | 3330 13TH AVE SW | |
| CITY-ST-ZIP | NAPLES FL 34117 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | INNIS, DON | |
| STREET ADDRESS | 3543 WINDJAMMER CIR | |
| CITY-ST-ZIP | NAPLES FL 34112 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | CASTLE, MARGARET | |
| STREET ADDRESS | 5060 NAPOLI DR | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ANDREWS, PATRICIA | |
| STREET ADDRESS | 4082 BELAIR LN #22 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------|--|
| TITLE | P.D. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | N REX ASHLEY | |
| STREET ADDRESS | 1044 CASTELLO DR # 106 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VICKI KOOPMAN | |
| STREET ADDRESS | 1036 SUMMERFIELD DR | |
| CITY-ST-ZIP | NAPLES FL 34126 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TREASURER/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 4082 BELAIR LN #22 | |
| CITY-ST-ZIP | | |
| 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 | | |
| 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:

Patricia A Andrews
PATRICIA A ANDREWS

Date

Daytime Phone #

CR2E037 (9/99)