

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90289 040 ****61.25

DOCUMENT # N93000003784

1. Entity Name

NAPLES CHAPTER OF NATIONAL AMBUCS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 10606
 NAPLES FL 34101

P.O. BOX 10606
 NAPLES FL 34101

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

65-0635009

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

KELLY, CARMEN D
190 PINEHURST CIRCLE
NAPLES FL 34113

Name

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

1044 Castello DR #106

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

N. Rex Ashley

N. Rex Ashley

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 **PD** ☐ Delete
 NAME **ASHLEY, N. REX**
 STREET ADDRESS **1044 CASTELLO DR #106**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **SD** ☐ Delete
 NAME **KOOPMAN, VICKI**
 STREET ADDRESS **1036 SUMMERFIELD DR**
 CITY-ST-ZIP **NAPLES FL 34112**

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

TITLE **VD** ☐ Delete
 NAME **CASTLE, MARGARET**
 STREET ADDRESS **5060 NAPOLI DR**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **TD** ☐ Delete
 NAME **ANDREWS, PATRICIA**
 STREET ADDRESS **4082 BELAIRE LN #22**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Rex Ashley
N. Rex Ashley

Date

Daytime Phone #

4/29/02 9412617200

CR2E037 (9/01)