

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005816

1. Entity Name

NAPLES PROFESSIONAL CENTER CONDOMINIUM ASSOCIATI

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90005 032 ***558.75

Principal Place of Business

Mailing Address

4933 NORTH TAMiami TRAIL
NAPLES FL 34103
US

4933 NORTH TAMiami TRAIL
NAPLES FL 34103-3028
US



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

65-0470349

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

GARLICK, THOMAS B
8889 PELICAN BAY BLVD
STE 300
NAPLES FL 34108

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

N/A

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
D
GARRETT, DONALD F
999 TIERRA LAGO WAY
NAPLES FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT ☒ Change ☒ Addition
150 TUPELO ROAD
NAPLES, FL. 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GARRETT, MARGARET A
821 BUTTONBUSH LANE
NAPLES FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PAYNE, ROBERT W.
4933 N TAMiami TRAIL
NAPLES FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR- SECRETARY-TREASURER ☐ Change ☒ Addition
LBO R. CULLINAN
4933 N. TAMiami TRAIL
NAPLES, FL. 34103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 I am empowered.

SIGNATURE:

SIGNATURE REQUIRED

DONALD F. GARRETT, PRES. 6-26-00 (941)643-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/97)