

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90082 002 ****70.00

DOCUMENT # N94000001598

1. Entity Name

THE NAPLES PLAYERS THEATRE GUILD, INC.

Principal Place of Business

Mailing Address

701 FIFTH AVE. S
 NAPLES FL 34102

701 FIFTH AVE. S
 NAPLES FL 34102-6662

2. Principal Place of Business

701 Fifth Ave S.

3. Mailing Address

701 Fifth Ave S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-6154976

Applied For

Not Applicable

Zip

34102

Country

Collier

Zip

34102

Country

Collier

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

Name

Dorothy Bednar

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

1155 Sandpiper St.

F4

City

Naples, FL

FL

Zip Code

34102

732-0705

PLEASANCE, MARGARET
 2465 KINGS LAKE BLVD
 NAPLES FL 34112

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

Dorothy Bednar

x Dorothy Bednar 4/12/00

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	D	<input type="checkbox"/> Delete
NAME	LORENZ, CLIFF	
STREET ADDRESS	4542 SHELL RIDGE CT	
CITY-ST-ZIP	BONITA SPGS FL 34134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HYDEMAN, RICHARD	
STREET ADDRESS	160 3RD AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PLEASANCE, MARGARET B	
STREET ADDRESS	2465 KINGS LAKE BLVD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HYDEMAN, BETSY L	
STREET ADDRESS	160 3RD AVE SO	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEGRAND, JOAN	
STREET ADDRESS	110 PIER D	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	INGLEMAN, GLORIA	
STREET ADDRESS	3103 RIVIERA DR	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	Belores Sorey	
CITY-ST-ZIP	220 Gulf Shore Blvd N	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Ulrich	
STREET ADDRESS	7653 Ponte Verde Way	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julia Gilman	
STREET ADDRESS	39 Las Brisas Way	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paula Conkey	
STREET ADDRESS	2440 Old Groves Rd #101	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE:

10/12/00 [Signature]

4/13/00

941-434-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)