

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001598

1. Entity Name

THE NAPLES PLAYERS THEATRE GUILD, INC.

Principal Place of Business

701 FIFTH AVE. S
NAPLES FL 34102

Mailing Address

701 FIFTH AVE. S
NAPLES FL 34102

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

59-6154976

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

BEONAR, DOROTHY
1155 SANDPIPER ST
#F4
NAPLES FL 34102

Name TERRI CAPLE
Street Address (P.O. Box Number is Not Acceptable)
2511 MANORCA AVE.
City NAPLES FL Zip Code 34102

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☐ Delete
NAME LORENZ, CLIFF
STREET ADDRESS 4542 SHELL RIDGE CT
CITY-ST-ZIP BONITA SPGS FL 34134

TITLE VP ☐ Change ☒ Addition
NAME FRANCIA STEVENS
STREET ADDRESS 25140 AVE S.
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ Delete
NAME SOREY, DELORES
STREET ADDRESS 220 GULF SHORE BLVD N
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ Change ☒ Addition
NAME LOIS LIPIK
STREET ADDRESS 27730 RIVERWALK WAY
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Delete
NAME ULRICH, LORRY
STREET ADDRESS 7653 PUNTA VERDE WAY
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ Change ☒ Addition
NAME TED TOBYE
STREET ADDRESS 1540 BONITA LANE
CITY-ST-ZIP NAPLES FL 34102

TITLE D ☐ Delete
NAME ERICKSON, WILLIAM
STREET ADDRESS 136 PEBBLE BEACH CIRCLE
CITY-ST-ZIP NAPLES FL 34113

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

TITLE S ☐ Delete
NAME CONLEY, PAULA
STREET ADDRESS 2440 OLD GROVES RDS., #101
CITY-ST-ZIP NAPLES FL 34109

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

TITLE D ☐ Delete
NAME WHEELING, LUELLA
STREET ADDRESS 2718 SHORE VIEW DR
CITY-ST-ZIP NAPLES FL 34112

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:

TERRI CAPLE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90272 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)