

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90149 040 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES

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

**CAPLE, TERRI
2511 MANRECA AVE
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name

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

2511 MANORCA AVE

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	DVP LORENZ, CLIFF	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4542 SHELL RIDGE CT	
CITY-ST-ZIP	BONITA SPGS FL 34134	
TITLE NAME	D SOREY, DELORES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	220 GULFSHORE BLVD N	
CITY-ST-ZIP	NAPLES-FL 34102	
TITLE NAME	D ULRICH, LORRY	<input type="checkbox"/> Delete
STREET ADDRESS	7653 PUNTA VERDE WAY	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE NAME	D ERICKSON, WILLIAM	<input type="checkbox"/> Delete
STREET ADDRESS	136 PEBBLE BEACH CIRCLE	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE NAME	S CONLEY, PAULA	<input type="checkbox"/> Delete
STREET ADDRESS	2440 OLD GROVES RDS., #101	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE NAME	D WHEELING, LUELLA	<input type="checkbox"/> Delete
STREET ADDRESS	2718 SHORE VIEW DR	
CITY-ST-ZIP	NAPLES FL 34112	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PRESIDENT TERRI CAPLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2511 MANORCA AVE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE NAME	DIRECTOR FRANCIA STEVENS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	159 VIA NAPOLI	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

William C Erickson **WILLIAM C ERICKSON** 3-14-03 239-774-4225

CR2E037 (10/02)