

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002276

Entity Name

NAPLES GATORS POP WARNER FOOTBALL, INC.

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90039 019 ****70.00

Principal Place of Business

Mailing Address

2600 FLEISCHMANN BLVD.
NAPLES FL 34102
US

P.O. BOX 9602
NAPLES FL 34101-9602
US

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

65-0477835

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

SZEMPRUCH, DAVID
5100 TAMiami TRAIL N.
#201
NAPLES FL 34103

Name

Deanne Kee

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

5810 16th Ave NW

City

Naples

FL

Zip Code

34119

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

Deanne Kee

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/24/00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	GARLAND, CEDELL	
STREET ADDRESS	2600 GARLAND RD. S.W.	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, DAVID	
STREET ADDRESS	2480 42ND ST. S.W.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	DAD	<input type="checkbox"/> Delete
NAME	KEE, BARRIE	
STREET ADDRESS	5810 16TH AVE. N.W.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SANBORN, EARLE O	
STREET ADDRESS	265 MADISON DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dr Bill Wingate	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/Dr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Deanne Kee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	5810 16th Ave NW	
CITY-ST-ZIP	Naples FL 34119	
TITLE	DAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne Bailey	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Deanne Kee* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/00 593-6744

CR2E037 (9/99)