

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

FILED
Jun 18, 2003 8:00 am
Secretary of State

06-02-2003 90197 010 *****70.00

DOCUMENT # N94000004309

1. Entity Name

THE SPES SOCIETY, INC.



Principal Place of Business

**290 PERIGNON PL
NAPLES FL 34119
US**

Mailing Address

**290 PERIGNON PL
NAPLES FL 34119
US**

55048950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0502639**

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

**RANKIN, DOUGLAS L
2335 TAMiami TRAIL N
SUITE 308
NAPLES FL 34103**

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**THIESEN, WILLIAM
C/O 290 PERIGNON PLACE
NAPLES FL 34119** **"D" DIRECTOR** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LINN, NICK
C/O 290 PERIGNON PLACE
NAPLES FL 34119** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S. Tammi Thiesen
c/o 290 Perignon Place
Naples FL 34119** ☒ Change ☐ Addition **"D" DIRECTOR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**HUBBARD, ROBERT
C/O 290 PERIGNON PLACE
NAPLES FL 34119** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D. Doug Rankin
2335 Tamiami TR N.
Naples FL 34103** ☐ Change ☐ Addition **"T" TRUSTEE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SHEVIN, KENNETH I
649 FIFTH AVE SO.
NAPLES FL 34102-6601** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CHAPMAN, RONALD
268 SILVERADO DR
NAPLES FL 34119** ☒ 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 like empowered.

SIGNATURE:

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

Date

Daytime Phone #

Will Thiesen **06.14.03** **239-455-7150**

CR2E037 (10/02)