UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90065 027 ****61.25

DOCUMENT # N94000004532

Name
NDS OF PARKS OF COLLIER COUNTY, INC.

Place of Business	Mailing Address
BARBARA BLVD. FL 33999	3300 SANTA BARBARA BLVD. NAPLES FL 34116-6601

DO NOT WRITE IN THIS SPACE

2. Place of Business	3. Mailing Address	4. FEI Number: NOT APPLICABLE	Applied For Not Applicable
Apt. #, etc.	Suite, Apt. #, etc.		
& State	City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	
Country	Zip / Country		

6. Name and address of current Registered Agent

Name	
INFORMATION SERVICES INC.	Street Address (P.O. Box Number is Not Acceptable)
HAYS ST. TALLAHASSEE FL 32301	City FL Zip Code

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, 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

OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
D GUOKAS, DESIREE 5321 12TH AVE SW NAPLES FL 34116	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D MARA, SUBI A 223 WILLOWICK DR NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D MARKHAM, NANCY 4580 EAGLE KEY CIR NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D PEFFERS, STEVE 981 12TH AVENUE NE NAPLES FL 34120	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D REID, WARD 845 SOUTH COLLIER BOULEVARD MARCO ISLAND FL 33937	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D HUFFOR, MARK 299 S HEATHWOOD DR MARCO ISLAND FL 34145	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #