2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State
01-29-2000 90002 033 ****61.25

DOCUMENT # N94000004936

1. Entity Name

THE NSFRE EVERGLADES CHAPTER, INC.

Principal Place of Business	Mailing Address
625 ANCHOR RODE DRIVE NAPLES FL 34103 US	625 ANCHOR RODE DRIVE NAPLES FL 34103-2719 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1095 Whippoorwill Ln	1095 Whippoorwill Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State: NAPLES FL
Zip: 34105 Country: USA	Zip: 34105 Country: USA

4. FEI Number: 65-0470229 ☐ Applied For ☐ Not Applic.

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
LABAHN, JON 625 ANCHOR RODE DRIVE 350 7TH ST NAPLES FL 34103	Name: SALLY MALLISON Street Address (P.O. Box Number is Not Acceptable): 1095 WHIPPOORWILL LN (Hospice of Naples) City: NAPLES FL Zip Code: 34105

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: Sally Mallison
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOWERS, DAVID 324 GOODLETT ROAD SOUTH NAPLES FL 34102-6426	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DAVID URICH 1318 CALOOSA VISTA DR. FT MYERS, FL 33901-8854	☑ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MADSEN, SHARON 1450 MERRIHUE DRIVE NAPLES FL 34102-3449	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JON LABAHN 625 Anchor Rode DR NAPLES, FL 34103	☑ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD URICH, DAVID 1318 CALOOSA VISTA DRIVE FT MYERS FL 33901-8854	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JOHN LAWSON 660 NINTH STREET NO. STE. 350 NAPLES, FL 34102	☐ Change ☑ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LABAHN, JON 625 ANCHOR RODE DRIVE NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SALLY MALLISON 1095 WHIPPOORWILL LN. NAPLES, FL 34105	☐ Change ☑ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additio

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: Sally Mallison REQUIRED 1/20/00 941-261-4404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #