

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005287

1. Entity Name

NAPLES SLALOM SKIERS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90116 008 ****61.25

Principal Place of Business

Mailing Address

2671 AIRPORT ROAD. SOUTH
SUITE 304
NAPLES FL 34112

2671 AIRPORT ROAD. SOUTH
SUITE 304
NAPLES FL 34112-4810

2. Principal Place of Business

3301 Tamiami Trail East

3. Mailing Address

3301 Tamiami Trail East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg L

Bldg L

City & State

City & State

Naples, FL

Naples, FL

Zip

Zip

34112

34112

Country

Country

US

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

MOORE, MICHAEL G
2171 PINE RIDGE ROAD
STE D
NAPLES FL 34109

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MARTIN, LAWRENCE D
STREET ADDRESS 1620 DOLPHIN CT
CITY-ST-ZIP NAPLES FL 34102

TITLE ☒ Change ☐ Addition
NAME 3301 Tamiami Trail East Bldg L
STREET ADDRESS Naples, FL 34112
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MARTIN, JANEICE T
STREET ADDRESS 1620 DOLPHIN COURT
CITY-ST-ZIP NAPLES FL 34102

TITLE ☒ Change ☐ Addition
NAME 3011 Sand Piper Bay Circle
STREET ADDRESS Naples, FL 34112
CITY-ST-ZIP

TITLE OD ☒ Delete
NAME HO, VICTORIA
STREET ADDRESS 1620 DOLPHIN COURT
CITY-ST-ZIP NAPLES FL 34102

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

Lawrence D. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/00 774-8747
(941)

CR2E037 (9/99)