

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005287

1. Entity Name

NAPLES SLALOM SKIERS, INC.

Principal Place of Business

2128 HARLANS RUN
NAPLES FL 34105

Mailing Address

2128 HARLANS RUN
NAPLES FL 34105

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, MICHAEL G
2660 AIRPORT ROAD SOUTH
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

Lawrence D. Martin

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

3301 TAMiami TRAIL East, Bldg. L

City

NAPLES

FL

Zip Code

34112

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

5/29/02

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

TITLE PD
NAME MARTIN, LAWRENCE D
STREET ADDRESS 3301 TAMiami TRAIL E BLDG. L
CITY-ST-ZIP NAPLES FL 34112

☐ Delete

TITLE D
NAME MARTIN, JANEICE T
STREET ADDRESS 3011 SAND PIPER BAY CIRCLE, C 206
CITY-ST-ZIP NAPLES FL 34112

☐ Delete

TITLE OD
NAME HO, VICTORIA
STREET ADDRESS 1820 DOLPHIN COURT
CITY-ST-ZIP NAPLES FL 34102

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME Michael A. McCain
STREET ADDRESS 78 Southport Cove, Bancroft Beach
CITY-ST-ZIP Naples, FLA. 34134

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02 (239) 774-8747

Date

Daytime Phone #

CR2037 (9/01)