

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

APPROVAL
AND
FILED

05 MAR 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000006000

1. Entity Name

G.F.W.C Naples Junior Womens Club
1146



DO NOT WRITE IN THIS SPACE

REINSTATEMENT 02-05

2. Principal Place of Business

570 PARK STREET

3. Mailing Address

570 PARK STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MRS

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

650642482

Applied For

Not Applicable

Zip

34102

Country

USA

Zip

34102

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SALLY SITTA

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

646 ORCHID DRIVE

City

NAPLES

FL

Zip Code

34102

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

Sally Sitta

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Gisselle Espinosa
6030 HIGHWOOD PARK LANE
NAPLES FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LORI COCCHIERI
209 WOODSHIRE LANE
NAPLES, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
DEBORAH MASON
2440 MONTCLAIRE CT R102
NAPLES FL 34109

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MARGARET ROBERTS
581 WEST NAPLES DRIVE
NAPLES FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(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 on an attachment with an address, with or other like empowered.

SIGNATURE:

Gisselle Espinosa

DATE

1/2/05 239-784-1974

Daytime Phone #

CR2E037B (12/02)