## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9500006031

1. Entity Name



## **FILED** Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90302 002 \*\*\*\*61.25

TION, INC.				9				
98 VINEYARDS BEVID -98 VIN		Mailing Address -98 VINEYARDS BLVD NAPLES FL 34119	VINEYARDS BLVD					
15 Vin	ace of Business Uzards BLVD	3. Mailing Address 75 Viveyar	ds Blud					
Suite, Apt. #, etc. 5 16 FLOOR		Suite, Apt. #, etc.	Suite, Apt. #, etc.  5 4 FLOOR		CHECK HERE IF MAKING CHANGES			
		City & State  Naples F	1 0 6		4. FEI Number 65-0641124		Applied For Not Applicable	
34119		34119	Country	5. Certificate of Statu	F88		ional	
•	6. Name and Address of Current	Registered Agent	Name	7. Name and Addres	ss of New Registered Age	nt		
ROGERS, ROBERT F ************************************				Street Address (P.O. Box Number is Not Acceptable)				
· · · · · · · · · · · · ·			City		FL	Zip Code		
8. The above the obligati	named entity submits this statement for	Robert Rosers			State of Florida. I am fami		nd accept	
	Signature typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature requ	uired when reinstating)	. daf€		·	
FILE NOW: FEE IS \$61.25  9. Election Campaign Find Trust Fund Contribution				\$5.00 May Be Added to Fees	Make Check P Florida Departme			
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC		O Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAADEH, MICHEL 98-VINEYARDS BLVD NAPLES FL 34119	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	5 VINEY and S	Blud sich	PChange PC	Addition   5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD ROGERS, ROBERT 90 VINEYARDS BLVD NAPLES FL 34119	☐ Delete	TITLE NAME STREET ADDRESS 73	EV INCYPAD	s Blad 50	Change L. F.	Addition   6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWITZER, THOMAS E 98_VINEYARDS_BLVD NAPLES_EL_34119	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	STREET ADDRESS 1	lichael Prop S Vineyard Vaples, FL	34119	Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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:

353-1973