

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003587

1. Entity Name

MOORINGS PARK FOUNDATION, INC.

Principal Place of Business

Mailing Address

120 MOORINGS PARK DRIVE
NAPLES FL 34105
US

120 MOORINGS PARK DRIVE
NAPLES FL 34105-2122
US

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

65-0687721

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

Name

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

City

FL

Zip Code

GOSCH, GUENTHER
120 MOORINGS PARK DRIVE
NAPLES FL 33942

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

TITLE CD ☐ Delete
NAME SMITH, CHARLES C
STREET ADDRESS 124 MOORINGS PARK DR, H-101
CITY-ST-ZIP NAPLES FL 34105

TITLE D ☐ Delete
NAME GOSCH, GUENTHER MR
STREET ADDRESS 120 MOORINGS PARK DR.
CITY-ST-ZIP NAPLES FL 34105

TITLE SD ☐ Delete
NAME HALL, GEORGETTE L MRS
STREET ADDRESS 114 MOORINGS PARK DR., A-510
CITY-ST-ZIP NAPLES FL 34105

TITLE VCD ☐ Delete
NAME THOMPSON, C G
STREET ADDRESS 114 MOORINGS PARK DR, A-711
CITY-ST-ZIP NAPLES FL 34105

TITLE TD ☐ Delete
NAME PANKONIN, LES MR
STREET ADDRESS 122 MOORINGS PARK DR., G-802
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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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:

CHARLES C. SMITH 1/6/2000 941-261-1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90019 042 ****61.25



DO NOT WRITE IN THIS SPACE