

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006106

1. Entity Name

NAPLES JUNIOR CHAMBER, INC.

Principal Place of Business

2950 64TH STREET SW  
NAPLES FL 34105

Mailing Address

P.O. BOX 10416  
NAPLES FL 34101-0416

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

59-3412718

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

TURNER, WIN  
45 LIBERTY LANE  
NAPLES FL 34112

Name

Lisa Douglass

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

600 St. Andrews Blvd

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

*Lisa Douglass*

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 DP ☐ Delete  
NAME TURNER, WIN  
STREET ADDRESS 45 LIBERTY LANE  
CITY-ST-ZIP NAPLES FL 34112

TITLE Vice President ☐ Change ☒ Addition  
NAME NINA BIRLOLO  
STREET ADDRESS 6505 Autumn Woods Blvd  
CITY-ST-ZIP Naples FL 34109

TITLE DV ☐ Delete  
NAME DOUGLASS, LISA  
STREET ADDRESS 600 ST ANDREWS  
CITY-ST-ZIP NAPLES FL 34112

TITLE Vice President ☐ Change ☒ Addition  
NAME Dennis Franklin  
STREET ADDRESS  
CITY-ST-ZIP Naples FL

TITLE DV ☐ Delete  
NAME CAMPBELL, MATT  
STREET ADDRESS 2105 SCRUB OAK CR #305  
CITY-ST-ZIP NAPLES FL 34112

TITLE JACY BIRLOLO ☐ Change ☒ Addition  
NAME  
STREET ADDRESS 6505 Autumn Woods Blvd  
CITY-ST-ZIP Naples FL 34109

TITLE DV ☒ Delete  
NAME MALINOWSKI, DAN  
STREET ADDRESS 424 25TH ST NW  
CITY-ST-ZIP NAPLES FL 34120

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

TITLE DS ☐ Delete  
NAME ROBINSON, ANGIE  
STREET ADDRESS 11082 WINDSONG CIR #201  
CITY-ST-ZIP NAPLES FL 34109

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

TITLE DT ☐ Delete  
NAME TILLEY, TERRY  
STREET ADDRESS 3315 BERMUDA ISLE CIR #121  
CITY-ST-ZIP NAPLES FL 34109

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:

*Lisa Douglass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 30, 2000 8:00 am  
Secretary of State

03-30-2000 90050 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

3/18/00 941-435-1333