

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90402 027 ****61.25

DOCUMENT # N97000004138

1. Entity Name

CARIBBEAN ASSOCIATION OF NAPLES INC.



Principal Place of Business

2894 E TAMiami TRAIL
NAPLES FL 34112

Mailing Address

2894 E TAMiami TRAIL
NAPLES FL 34112

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 **59-3467144**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRATER, FITZGERALD
6034 SHALLOWS WAY
NAPLES FL 34109

Name

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

City

FL

Zip Code

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FRATER, FITZGERALD
STREET ADDRESS 6034 SHALLOWS WAY
CITY-ST-ZIP NAPLES FL 34109 ☐ Delete

TITLE SD
NAME WOOD, NICOLE J
STREET ADDRESS PO BOX 10595
CITY-ST-ZIP NAPLES FL 34101 ☒ Delete

TITLE TD
NAME BUCHANAN, LEROY
STREET ADDRESS 5240 FLORIDEAN AVE
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE VPD
NAME PLUMMER, CLIVE
STREET ADDRESS 2894 E TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34112 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE Yvonne Forbes VPD
NAME
STREET ADDRESS 7464 Berkshire Pines Drive
CITY-ST-ZIP Naples, FL 34104 ☐ Change ☒ Addition

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

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

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

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: FRATER, FITZGERALD 4-25-03 239-649-4900

CR2E037 (10/02)