

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000267

1. Entity Name

ARMENIAN AMERICAN CULTURAL SOCIETY OF SW FLORIDA

Principal Place of Business

801 KNOLLWOOD COURT
NAPLES FL 34108-8232

Mailing Address

801 KNOLLWOOD COURT
NAPLES FL 34108-8232

2. Principal Place of Business

749 BENTWATER
Suite, Apt. #, etc. 201
City & State NAPLES FL
Zip 34108 Country COLLIER

3. Mailing Address

749 BENTWATER
Suite, Apt. #, etc. 201
City & State NAPLES, FL
Zip 34108 Country COLLIER

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90198 027 ****70.00



DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL

City & State
NAPLES, FL

4. FEI Number 65-0808841

Applied For
Not Applicable

Zip 34108 Country COLLIER

Zip 34108 Country COLLIER

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

DOMENIE, JOHAN
801 KNOLLWOOD COURT
NAPLES FL 34108-8232

749 BENTWATER
#201
NAPLES, FL 34108

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.

SIGNATURE JOHAN DOMENIE 3-3-01
Signature, typed or printed name 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 NAME	P	DOMENIE, MAIDA G	<input type="checkbox"/> Delete
STREET ADDRESS		801 KNOLLWOOD CT	
CITY-ST-ZIP		NAPLES FL 34108-8232	
TITLE NAME	VD	HAROOTUNIAN, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS		200 TURTLE LAKE CT #303	
CITY-ST-ZIP		NAPLES FL 34105	
TITLE NAME	S	DOMENIE, JOHAN	<input type="checkbox"/> Delete
STREET ADDRESS		801 KNOLLWOOD CT	
CITY-ST-ZIP		NAPLES FL 34108	
TITLE NAME	VD	NAHABEDIAN, MARK	<input type="checkbox"/> Delete
STREET ADDRESS		320 SEAVIEW CT #1404	
CITY-ST-ZIP		MARCO ISLAND FL 34145	
TITLE NAME	VD	TOROSIAN, HARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS		2109 MISSION DR	
CITY-ST-ZIP		NAPLES FL 34109	
TITLE NAME	VD	HAROOTUNIAN, ZAVEN	<input type="checkbox"/> Delete
STREET ADDRESS		200 TURTLE LAKE CT #303	
CITY-ST-ZIP		NAPLES FL 34105	

TITLE NAME	VD	BADIAN, ANKINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3501 SAN MIGUEL WAY	
CITY-ST-ZIP		NAPLES FL 34109	
TITLE NAME	VD	TOROSIAN, PAH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		2109 MISSION DR	
CITY-ST-ZIP		NAPLES FL 34109	
TITLE NAME	VD	HAROOTUNIAN, MARGARET	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		625 LALIQUE CIR #1402	
CITY-ST-ZIP		NAPLES FL 34119	
TITLE NAME	VD	HAROOTUNIAN, ZAVEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		625 LALIQUE CIR. #1402	
CITY-ST-ZIP		NAPLES FL 34119	
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MAIDA G DOMENIE President 3-3-01 (99) 566-329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (10/00)