2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90174 050 ****61.25

DOCUMENT # N98000001722

1. Entity Name

NAPLES ARTCRAFTERS, INC.

Principal Place of Business	Mailing Address
821 BLUEBIRD STREET NAPLES FL 34104	P.O. BOX 10884 NAPLES FL 34101

976301

DO NOT WRITE IN THIS SPACE

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 65-0843312 ☐ 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
CLEMENTE, TERI 630 10TH AVE NW NAPLES FL 34120	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, ANNABELLE 3765 WEYMOUTH CIR. NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Johnson Annabelle 3765 Weymouth Cir. Naples FL 34112	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD O'NEAL, CHARLES 51 HILO CT. NAPLES FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Cunningham, Roger 3223 Boca Ciega Dr Naples FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDRUS, RUTH A 3661 2ND AVE SE NAPLES FL 34117	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ANDRUS, Ruth A 3661 2nd Ave SE Naples, FL 34117	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MEGELA, MARIANNA 3050 BECK BLOCK NAPLES FL 34104	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Leonard, Barbara 219 Foxglen Dr. #1306 Naples FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEAMANN, ROBERT S 3610 BELAIR LN NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Henderson, Debbie 11745 Longshore Way E. Naples FL 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CLEMENTE, TERI 630 10TH AVENUE NW NAPLES FL 34120	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERMAN, ROBERT S 3610 Belair Lane Naples FL 34103	☒ Change ☐ Addition

CR2E037 (10/00)

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: [illegible] 4-30-01 941-643-0440