

FORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004571

1. Entity Name

SUNCOAST NAPLES FLORIDA CONGREGATION OF JEHOVAH'

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90159 050 ****61.25

Principal Place of Business

2841 CITRUS LAKE DR
K-101
NAPLES FL 34109-7656
US

Mailing Address

2841 CITRUS LAKE DR
K-101
NAPLES FL 34109-7656
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

59-3304836

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

MUGAAS, ORVIS
2841 CITRUS LAKE DR
K-101
NAPLES FL 34109-7656

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MUGAAS, ORVIS
2841 CITRUS LAKE #K-101
NAPLES FL 34109-7656 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
RICE, JOHN M
5419 25TH PLACE SW
NAPLES FL 34116-7501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Michael D. Peters
136 C R 951
Naples, FL 34119 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BOGART, ROBERT R
4335 3RD AVE SW
NAPLES FL 34119-2921 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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: *Orvis Mugaas* Orvis Mugaas

1/10/2000

(941) 514-3563

CR2E037 (9/99)