

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005688

1. Entity Name

FRIENDS OF GUMMI, INC.

Principal Place of Business

Mailing Address

225 MOORING LINE DR.
NAPLES FL 34102

225 MOORING LINE DR.
NAPLES FL 34102-4740

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90152 007 ****75.00



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

31-1622591

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

Name

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

City

FL

Zip Code

FRANK, ANN T
2124 AIRPORT RD. SOUTH
NAPLES FL 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

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

TITLE	PS	<input type="checkbox"/> Delete
NAME	RUDOLPH, JANICE	
STREET ADDRESS	225 MOORING LINE DR	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	RUDOLPH, ROBERT	
STREET ADDRESS	225 MOORING LINE DR	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, CARRI	
STREET ADDRESS	870-A MEADOWLAND DR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORELOCK, JODI	
STREET ADDRESS	7077 NORTH AIRPORT RD	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCAUGHEY, BRYCE	
STREET ADDRESS	3298 PONCE DE LEON	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUEDTKE, SEAN	
STREET ADDRESS	PO BOX 9947	
CITY-ST-ZIP	NAPLES FL 34101	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, GLENDA	
STREET ADDRESS	287 N. COLLIER BLVD	
CITY-ST-ZIP	MARCO ISLAND, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Janice Rudolph* **JANICE RUDOLPH** 4/26/00 941-434-7559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)