

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

FILED
Jul 31, 2003 8:00 am
Secretary of State

0052650

DOCUMENT # N98000005688

1. Entity Name

FRIENDS OF GUMMI, INC.



07-31-2003 90067 048 ****75.00

Principal Place of Business

Mailing Address

~~225 MOORING LINE DR.~~
~~NAPLES FL 34102~~

~~225 MOORING LINE DR.~~
~~NAPLES FL 34102~~

2. Principal Place of Business

3. Mailing Address

2580 MARSHCREEK LN.

3823 TAMIAH TR. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#101

P.M.B. #251

City & State

City & State

Naples, FLORIDA

Naples, FLORIDA

Zip

Country

Zip

Country

34119

U.S.A.

34112-6224

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

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

FRANK, ANN T
2124 AIRPORT RD. SOUTH
NAPLES FL 34112

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 NAME STREET ADDRESS CITY-ST-ZIP | PS RUDOLPH, JANICE 225 MOORINGLING DR NAPLES FL 34102 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TVP RUDOLPH, ROBERT 225 MOORINGLING DR NAPLES FL 34102 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ELLIOT, GLENDA 287 N COLLIER BLVD MARCO ISLAND FL 34135 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MORELOCK, JODI 7077 NORTH AIRPORT RD NAPLES FL 34105 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCAUGHEY, BRYCE 3298 PONCE DE LEON NAPLES FL 34105 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LUEDTKE, SEAN PO BOX 9947 NAPLES FL 34101 | <input checked="" type="checkbox"/> Delete |

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOAN HEDDERICK 7667 NAPLES HERITAGE DR. NAPLES, FL 34112 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M JEANNE CASTALDINI 3396 CRAYTON RD. NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JAYME KLEIN 4401 GULF SHORE BLVD N. NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Janice Rudolph President

7-28-03 239-434-7555

CR2E037 (10/02)