

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90400 009 \*\*\*\*61.25

**DOCUMENT # N99000005876**

1. Entity Name

**NAPLES NATURAL HEALTH & EDUCATION CENTER, INC.**

Principal Place of Business

**4035 10TH ST N  
 NAPLES FL 34103**

Mailing Address

**795A MEADOWLAND DR.  
 NAPLES FL 34108**

844542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1740 Persimmon Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples FL**

4. FEI Number **59-3446415**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34109**

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

**JONES, CARISA  
 4035 10TH ST N  
 NAPLES FL 34103**

Name

**CARISA JONES**

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

**1740 Persimmon Dr.**

City

**Naples**

FL

Zip Code

**34109**

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

**Carisa Ann Jones**

**4/28/01**

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 **D** ☐ Delete  
 NAME **JONES, CARISA**  
 STREET ADDRESS **795 MEADOWLAND DR**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ Change ☐ Addition  
 NAME **1740 Persimmon Dr.**  
 STREET ADDRESS **Naples, FL 34109**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **JONES, STEVE**  
 STREET ADDRESS **4035 10TH ST N**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☒ Change ☐ Addition  
 NAME **1740 Persimmon Dr.**  
 STREET ADDRESS **Naples, FL 34109**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **TRAUT, JACK**  
 STREET ADDRESS **2028 IMPERIAL CIR**  
 CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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:

**Carisa Ann Jones**

**4/28/01**

**(941) 594-0766**

CR2E037 (10/00)