

DOCUMENT # N99000007216

1. Entity Name

NAPLES CHAMBER PAC, INC.

Principal Place of Business

3620 TAMiami TR., NORTH  
NAPLES FL 34103

Mailing Address

3620 TAMiami TR., NORTH  
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3626157

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

GARLICK, THOMAS B ESQ.  
8889 PELICAN BAY BLVD., STE. 300  
NAPLES FL 34108

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	WESTON, DAVE	
STREET ADDRESS	3620 TAMiami TR., NORTH	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	S	<input type="checkbox"/> Delete
NAME	PEACOCK, ROBERT	
STREET ADDRESS	3620 TAMiami TR., NORTH	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE	T	<input type="checkbox"/> Delete
NAME	BUDD, RUSSELL	
STREET ADDRESS	3620 TAMiami TR., NORTH	
CITY-ST-ZIP	NAPLES FL 34103	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weston, Dave	
STREET ADDRESS	3620 Tamiami Trail N	
CITY-ST-ZIP	Naples, Florida 34103	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peacock, Robert	
STREET ADDRESS	3620 Tamiami Trail N	
CITY-ST-ZIP	Naples, Florida 34103	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Budd, Russell	
STREET ADDRESS	3620 Tamiami Trail N	
CITY-ST-ZIP	Naples, Florida 34103	

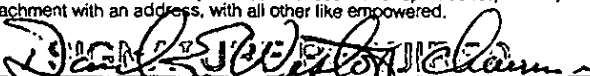
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<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:



3

Date

Daytime Phone #

FILED  
May 12, 2000 8:00 am  
Secretary of State

03-27-2000 90105 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)