

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007216

1. Entity Name

NAPLES CHAMBER PAC, INC.

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90017 034 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

3620 TAMiami TR., NORTH  
NAPLES FL 34103

3620 TAMiami TR., NORTH  
NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3626157

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JANTSCH, DAWN D  
3620 TAMiami TR., NORTH  
NAPLES FL 34103

Name

JAY MURPHY

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

3620 TAMiami TR. NORTH

City

NAPLES

FL

Zip Code

34103

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

*Jay Murphy* Jay Murphy V.P.

DATE

4/4-02

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 ☒ Delete  
NAME D  
STREET ADDRESS WESTON, DAVE  
CITY-ST-ZIP 3620 TAMiami TR., NORTH  
NAPLES FL 34103

TITLE ☐ Change ☒ Addition  
NAME C  
STREET ADDRESS WESTON, DAVE  
CITY-ST-ZIP 3620 TAMiami TR. NORTH  
NAPLES, FL 34103

TITLE ☒ Delete  
NAME D  
STREET ADDRESS PEACOCK, ROBERT  
CITY-ST-ZIP 3620 TAMiami TR., NORTH  
NAPLES FL 34103

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS KVETKO, COLLEEN  
CITY-ST-ZIP 3620 TAMiami TR. NORTH  
NAPLES, FL 34103

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BUDD, RUSSELL  
CITY-ST-ZIP 3620 TAMiami TR., NORTH  
NAPLES FL 34103

TITLE ☐ Change ☒ Addition  
NAME T  
STREET ADDRESS PEACOCK, ROBERT  
CITY-ST-ZIP 3620 TAMiami TR. NORTH  
NAPLES, FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS GLAESER, BRIAN  
CITY-ST-ZIP 3620 TAMiami TR. NORTH  
NAPLES, FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS CONRECODE, TOM  
CITY-ST-ZIP 3620 TAMiami TR. NORTH  
NAPLES, FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)