

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90004 004 ***150.00

DOCUMENT # P00000002305

1. Entity Name

KJJ NAPLES II, INC.

Principal Place of Business

2600 GOLDEN GATE PKWY
 3RD FLOOR
 NAPLES FL 34105

Mailing Address

2600 GOLDEN GATE PKWY
 3RD FLOOR
 NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

P.O. Box 413038

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NAPLES FL

Zip

Country

Zip

Country

34101

US

4. FEI Number

59-3621664

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, ROSSCOTT
 2640 GOLDEN GATE PKWY
 SUITE 115
 NAPLES FL 34105

7. Name and Address of New Registered Agent

Name

MARINELLI, PAUL J

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

2600 GOLDEN GATE PARKWAY

City

NAPLES

FL

Zip Code

34105

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

Paul J. Marinelli

MAY 01 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$350.00
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	SPROUL, JULIET A	
STREET ADDRESS	2600 GOLDEN GATE PKWY 3RD	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	☐ Delete
NAME	SPROUL SULLIVAN, JENNIFER	
STREET ADDRESS	2600 GOLDEN GATE PKWY 3RD	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	☐ Delete
NAME	SPROUL, KATHERINE G	
STREET ADDRESS	2600 GOLDEN GATE PKWY 3RD	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PC	☐ Change ☒ Addition
NAME	MARINELLI, PAUL J	
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Paul J. Marinelli

Paul J. Marinelli, President/Chairman

MAY 01 2001

(941) 262 2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (11/00)