

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90098 020 \*\*\*150.00

MA0707 AV

**DOCUMENT # P00000005805**

1. Entity Name  
**BACCHUS OF NAPLES, INC.**

Principal Place of Business  
**4351 GULF SHORE BOULEVARD NORTH**  
**UNIT 17 SOUTH LE RIVAGE**  
**NAPLES FL 34103**

Mailing Address  
**4351 GULF SHORE BOULEVARD NORTH**  
**UNIT 17 SOUTH LE RIVAGE**  
**NAPLES FL 34103**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3618138**

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

**LAW, LESTER B ESQ.**  
**5811 PELICAN BAY BOULEVARD**  
**SUITE 600**  
**NAPLES FL 34108**

Name  
**Larry D. Osborne**

Street Address (P.O. Box Number is Not Acceptable)  
**9120 Corsea Del Fontana Way**

City  
**Naples**

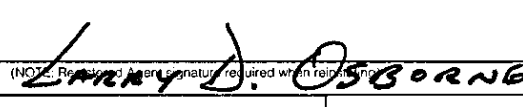
**FL**

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 

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

 **LARRY D. OSBORNE**

(NOTE: Registered Agent signature required when replacing agent.)

**2/13/02**

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, 2002 Fee will be \$550.00**  
**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 **PVST** ☐ Delete  
NAME **ESSON, SUSAN H**  
STREET ADDRESS **4351 GULF SHORE BLVD N APT 17 SOUTH**  
CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
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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)(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 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:  **Susan Esson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-11-02**

Date

**941-659-323**

Daytime Phone #

CR2E034 (9/01)