

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000020450

1. Entity Name

CRS Naples, Inc.

Principal Place of Business

Mailing Address

c/o The Waterside Shops at

2. Principal Place of Business

5415 Tamiami Trail North

3. Mailing Address

335 Madison Avenue

Suite, Apt. #, etc.

Suite 320

Suite, Apt. #, etc.

7th Floor

City & State

Naples, FL

City & State

New York, NY

Zip

34108

Country

USA

Zip

10017

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

BRIAN COURTNEY, ASST. V.P.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/15/01

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 \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: President & Director
NAME: Stephen J. Furnary
STREET ADDRESS: c/o Clarion Partners - 335 Madison
CITY-ST-ZIP: New York, NY 10017

TITLE: Vice President & Director
NAME: Charles Grossman
STREET ADDRESS: c/o Clarion Partners-335 Madison Av
CITY-ST-ZIP: New York, NY 10017

TITLE: Vice President
NAME: Glen Harrell
STREET ADDRESS: 5415 Tamiami Trail North, Ste. 320
CITY-ST-ZIP: Naples, FL 32301

TITLE: Vice President & Director
NAME: A. Wilhelm Veenhuysen
STREET ADDRESS: c/o Clarion Partners-335 Madison Av
CITY-ST-ZIP: New York, NY 10017

TITLE: Asst. Secretary & Asst. Treas.
NAME: Peter H. Zappulla
STREET ADDRESS: c/o Clarion Partners-335 Madison Av
CITY-ST-ZIP: New York, NY 10017

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
700004287417--5
-05/22/01--01076--007
****150.00 ****150.00

TITLE:
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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)(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:

A. Wilhelm Veenhuysen 5/3/01 (212) 883-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/00)