

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90172 032 \*\*\*150.00

**DOCUMENT # P00000049233**

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

Principal Place of Business

**141 5TH STREET NORTH  
NAPLES FL 34102**

Mailing Address

**141 5TH STREET NORTH  
NAPLES FL 34102**

110969



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Naples FL 34102**  
**1300 Goodlette Rd N**

3. Mailing Address

**1300 Goodlette Rd N**

City & State

**Naples FL**  
**34102 USA**

City & State

**Naples FL**  
**34102 USA**

4. FEI Number

**59-3645799**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHWEIKHARDT, WILLIAM  
900 SIXTH AVENUE SOUTH  
SUITE 203  
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **CYNTHIA HILL MCINTOSH**

Street Address (P.O. Box Number is Not Acceptable)  
**1300 Goodlette Rd N**

City **Naples**

FL

Zip Code **34102**

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

*[Signature]* **Cynthia Hill McIntosh 2-5-01**

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. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President, Sec. T.</b>
STREET ADDRESS	<b>CYNTHIA HILL MCINTOSH</b>
CITY-ST-ZIP	<b>1300 Goodlette Rd N</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Naples, FL - 34102</b>
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-01**

Date

**941-434-7877**

Daytime Phone #

CR2E034 (10/00)