

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104519

1. Entity Name

NAPLES CENTRAL RESERVATIONS, INC.

Principal Place of Business

3757 NORTH TAMiami TRAIL
NAPLES FL 34103

Mailing Address

3757 NORTH TAMiami TRAIL
NAPLES FL 34103

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

Name

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

City

FL

Zip Code

BEVINS, DONALD C
3757 NORTH TAMiami TRAIL
NAPLES FL 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

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

(NOTE: Registered Agent signature required when relistings)

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 \$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	DPres.	<input type="checkbox"/> Delete
NAME	DONALD C. BEVINS	
STREET ADDRESS	3757 N. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	DV	<input type="checkbox"/> Delete
NAME	STARR, CHARLES L.	
STREET ADDRESS	4030 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVINE, DAVID	
STREET ADDRESS	530 OAK COURT DR, STE 360	
CITY-ST-ZIP	MEMPHIS, TN 38117	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

Donald C. Bevins

DONALD BEVINS

4/9/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 19, 2001 8:00 am
Secretary of State

04-23-2001 90082 001 ***600.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)