

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90070 002 \*\*\*150.00

**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**

**3. Mailing Address**

**c/o ResortQuest International, Inc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**530 Oak Court Dr., Suite 360**

City & State

City & State

**Memphis, TN**

**4. FEI Number**

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

**38117**

Country

**USA**

**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**

**BEVINS, DONALD C**  
**3757 NORTH TAMiami TRAIL**  
**NAPLES FL 34103**

Name

**CT Corporation System**

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

**1200 South Pine Island Road**

City

**Plantation**

**FL**

Zip Code  
**33324**

**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

**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 **DP** ☒ Delete  
 NAME **BEVINS, DONALD G**  
 STREET ADDRESS **3757 N TAMiami TRAIL**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **P** ☐ Change ☒ Addition  
 NAME **Allan Williams**  
 STREET ADDRESS **13831 Vector Avenue, Suite 105**  
 CITY-ST-ZIP **Fort Myers, FL 33907**

TITLE **DV** ☐ Delete  
 NAME **STARR, CHARLES L**  
 STREET ADDRESS **4030 GULF OF MEXICO DR**  
 CITY-ST-ZIP **LONGBOAT KEY FL**

TITLE **VP** ☒ Change ☐ Addition  
 NAME **VP**  
 STREET ADDRESS **Longboat Key, FL 34228**  
 CITY-ST-ZIP **Longboat Key, FL 34228**

TITLE **D** ☐ Delete  
 NAME **LEVINE, DAVID**  
 STREET ADDRESS **530 OAK COURT DR SUITE 360**  
 CITY-ST-ZIP **MEMPHIS TN 38117**

TITLE **D/CEO** ☒ Change ☐ Addition  
 NAME **D/CEO**  
 STREET ADDRESS **D/CEO**  
 CITY-ST-ZIP **D/CEO**

TITLE ☐ Delete  
 NAME **VP/Gen Coun/Sec**  
 STREET ADDRESS **M. Ronald Halpern**  
 CITY-ST-ZIP **530 Oak Court Drive, Suite 360**

TITLE ☐ Change ☒ Addition  
 NAME **VP/Gen Coun/Sec**  
 STREET ADDRESS **M. Ronald Halpern**  
 CITY-ST-ZIP **530 Oak Court Drive, Suite 360**

TITLE ☐ Delete  
 NAME **VP/Treas**  
 STREET ADDRESS **David Selberg**  
 CITY-ST-ZIP **530 Oak Court Dr., Suite 360**

TITLE ☐ Change ☒ Addition  
 NAME **VP/Treas**  
 STREET ADDRESS **David Selberg**  
 CITY-ST-ZIP **530 Oak Court Dr., Suite 360**

TITLE ☐ Delete  
 NAME **AS**  
 STREET ADDRESS **Karen M. Ray**  
 CITY-ST-ZIP **530 Oak Court Dr., Suite 360**

TITLE ☐ Change ☒ Addition  
 NAME **AS**  
 STREET ADDRESS **Karen M. Ray**  
 CITY-ST-ZIP **530 Oak Court Dr., Suite 360**

**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:**

**Karen M. Ray, Assistant Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/19/02 901762-4075**

CR2E034 (9/01)