

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000104528

1. Entity Name
NAPLES AND MARCO ISLAND CENTRAL RESERVATIONS, INC

Principal Place of Business Mailing Address
3757 NORTH TAMiami TRAIL 3757 NORTH TAMiami TRAIL
NAPLES FL 34103 NAPLES FL 34103

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country 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

BEVINS, DONALD C
3757 NORTH TAMiami TRAIL
NAPLES FL 34103

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
DP
BEVINS, DONALD C
3757 N. TAMiami TRAIL
NAPLES, FL 34103

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
DV
STARR, CHARLES L.
4030 GULF OF MEXICO DR
LONGBOAT KEY, FL

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
D
LEVINE, DAVID
530 OAK COURT DR, STE 360
MEMPHIS, TN 38117

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

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

TITLE NAME ☐ Change ☐ Addition
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)(f), 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
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

CR2E034 (10/00)