

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**

05-05-2001 90681 001 \*\*\*\*75.00  
 05-05-2001 90681 002 \*\*\*\*75.00

42287



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000115561

1. Entity Name

FORTUNE GROUP HOLDINGS, INC.

Principal Place of Business

Mailing Address

4501 TAMiami TRAIL NORTH  
 SUITE 300  
 NAPLES FL 34103

4501 TAMiami TRAIL NORTH  
 SUITE 300  
 NAPLES FL 34103

2. Principal Place of Business

3. Mailing Address

4100 Corporate Square

4100 Corporate Square

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 118

# 118

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34104

Collier

34104

Collier

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPLES-LAWDOCK, INC.  
 4501 TAMiami TRAIL NORTH  
 SUITE 300  
 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

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, 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 NAME	<b>P Kenneth W. Brown</b>	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. Box 3092	
CITY-ST-ZIP	NAPLES, FL 34106	
TITLE NAME	<b>Charles F. Bailey</b>	<input type="checkbox"/> Delete
STREET ADDRESS	319 Lambton Lane	
CITY-ST-ZIP	Naples, FL 34104	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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

Date

Daytime Phone #

4/20/01

(941) 643-6160

CR2E034 (10/00)