

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90016 039 ***150.00

DOCUMENT # P92000008311

1. Entity Name

LINDA OF NAPLES, INC.

Principal Place of Business

**3033 RIVIERA DR
 S201
 NAPLES FL 34103
 US**

Mailing Address

**3033 RIVIERA DRIVE
 SUITE 201
 NAPLES FL 34103-2750
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0434484

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BUDD, DAVID G
 3033 RIVIERA DRIVE
 SUITE 201
 NAPLES FL 33940**

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VASD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, LINDA	NAME	
STREET ADDRESS	3033 RIVIERA DRIVE, SUITE 201	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, ALEX	NAME	
STREET ADDRESS	3033 RIVIERA DR S201	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, BENJAMIN	NAME	
STREET ADDRESS	3033 RIVIERA DR S201	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, DAVID G	NAME	
STREET ADDRESS	3033 RIVIERA DR S201	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	TS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, HARRY	NAME	
STREET ADDRESS	3033 RIVIERS DR S201	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

David G. Budd
 DAVID G. BUDD, VICE PRESIDENT

1/26/00

(941) 263-7700

Date

Daytime Phone #

CR/ENG/10/000