

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90245 001 ***317.50

DOCUMENT # P92000015247

1. Entity Name
SCC OF NAPLES, INC.

Principal Place of Business
5551 RIDGEWOOD DRIVE
SUITE 203
NAPLES FL 34108

Mailing Address
5551 RIDGEWOOD DRIVE
SUITE 203
NAPLES FL 34108



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0376119**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

ATHAN, G H
5551 RIDGEWOOD DRIVE
STE #501
NAPLES FL 34108

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, 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	<input type="checkbox"/> Delete
NAME	SHARPE, KEITH A	
STREET ADDRESS	% 5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GRIFFIN, GERALD F	
STREET ADDRESS	% 5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	CORACE, RICHARD F	
STREET ADDRESS	% 5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCARDLE, DAVID A	
STREET ADDRESS	311 KAUTZ ROAD	
CITY-ST-ZIP	ST CHARLES IL 60174	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCARDLE, EDWARD J	
STREET ADDRESS	311 KAUTZ ROAD	
CITY-ST-ZIP	ST CHARLES IL 60174	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEPLEY, RICHARD B	
STREET ADDRESS	244 SPRING LINE DRIVE	
CITY-ST-ZIP	NAPLES FL 33940	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input 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: *[Signature]* DATE: _____ DAYTIME PHONE #: 941-566-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)