## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT #

P93000039247

1. Entity Name

GENERATION GAP OF COLLIER COUNTY, FLORIDA, INC.



**FILED** Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90164 042 \*\*\*150.00

			20 HE 18				
Principal Place of Busines	is	Mailing Address					
1160 1ST AVENUE, SOUTH		1160 1ST AVENUE. SOUTH		j			
NAPLES FL 34102		NAPLES FL 34102					
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2. Principal Place of Busi	2000	2 Mailing Address					
2. Finicipal Flace of Busilless		3. Mailing Address					
			<u>.                                    </u>	_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK H	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0462	126	Applied For	
				03 0402		Not Applicable	
Zip	Country	Zip	Country	F. Cartificate of Status Bas	ired \$8.75 A	dditional	
ر معاصوب	ا - ۱۰۰ ما المستحدد مستقالت مدا	Section of the second			Fee Requi	red	
6. Name	and Address of Current F	Registered Agent		7. Name and Address of N	lew Registered Agent		
a. Hamo and Hadison of Carton Hagiotele Agon.				Name			
או אוויים וויים						}	
Alander, Judy			Street Address (P.O.		otable)		
1160 1ST AVENUE, S	SOUTH ,						
NAPLES FL 34102							
i da ELO I E O I I O E		•					
			. City		FL Zip Co	ode	
		the purpose of changing it	s registered office or regi	stered agent, or both, in the State	of Florida. I am familiar with	1, and accept	
the obligations of regis	tered agent.					ĺ	
OLONIATUDE.						}	
SIGNATURE	d or printed name of registered agent ar	nd title if applicable. (NC	TE: Registered Agent signature reg	uired when reinstating)	DATE		
						<del></del>	
FILE NOW!	!! FEE IS \$150.00	1		9. Election Campai	an Einanoina 💮 🗱	00	
After May 1, 20	03 Fee will be \$550.00			Trust Fund Contr	·	.00 May Be ed to Fees	
Make Check Payable to	Florida Department of	State		Trust I dila Conti	Dation. La Add	50 10 1 665	
10.	OFFICERS AND D	DIBECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTO	RS IN 11	
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	avenue, south			RED ALANDER		1	
CITY-ST-ZIP NAPLES F			STREET ADDRESS \\	60 152 Aur. So.			
	Ł		STREET ADDRESS CITY-ST-ZIP	60 15 Avr. So., 60 15 Avr. So.,	34107		
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TITLE SEC	N. 100	☐ Delete	TITLE S	co is Aur. So.	<u>34102</u> ☐ Change	Addition	
NAME JUDY	N. 100	☐ Delete	CITY-ST-ZIP TITLE NAME	60 152 Aug. So.	<u> </u>	Addition	
NAME STREET ADDRESS	Alander	☐ Delete	TITLE NAME STREET ADDRESS	usy Alonour	<u> </u>	Addition	
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12. 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 empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address

STREET ADDRESS

CITY-ST-ZIP

TITLE

**SIGNATURE:** 

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

Addition