

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020829

1. Entity Name
ROBIN HOOD OF NAPLES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90133 004 ***158.75

Principal Place of Business

4500 EXECUTIVE DR
SUITE 300
NAPLES FL 34119
US

Mailing Address

4500 EXECUTIVE DR
SUITE 300
NAPLES FL 34119
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5672 STRAND CT.

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES, FL

Zip

34110

Country

USA

3. Mailing Address

5672 STRAND CT.

Suite, Apt. #, etc.

SUITE #1

City & State

NAPLES, FL

Zip

34110

Country

USA

4. FEI Number 65-0584253

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JANET P KELLY
4500 EXECUTIVE DR
SUITE 300
NAPLES FL 34119

Name

JANET P. KELLY

Street Address (P.O. Box Number is Not Acceptable)

5672 STRAND CT.

SUITE #1

City

NAPLES

FL

Zip Code

34110

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 D
NAME ROBERT PAUL HARDY
STREET ADDRESS 4500 EXECUTIVE DRIVE SUITE 300
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE V
NAME STANLEY, JOHN F.
STREET ADDRESS 2660 AIRPORT ROAD SOUTH
CITY-ST-ZIP NAPLES FL 34112 ☒ Delete

TITLE ST
NAME KELLY, JANET
STREET ADDRESS 4500 EXECUTIVE DRIVE SUITE 300
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE PD
NAME HARDY, ROBERT S
STREET ADDRESS 4500 EXECUTIVE DRIVE, STE 300
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME ROBERT PAUL HARDY
STREET ADDRESS 5692 STRAND CT. #1
CITY-ST-ZIP NAPLES, FL 34110 ☒ Change ☐ Addition

TITLE VICE PRESIDENT
NAME ROBERT PAUL HARDY
STREET ADDRESS 5692 STRAND COURT #1
CITY-ST-ZIP NAPLES FL 34110 ☒ Change ☐ Addition

TITLE ST
NAME KELLY, JANET
STREET ADDRESS 5672 STRAND CT. #1
CITY-ST-ZIP NAPLES, FL 34110 ☒ Change ☐ Addition

TITLE PD
NAME HARDY, Robert S.
STREET ADDRESS 5692 STRAND CT. #3
CITY-ST-ZIP NAPLES, FL 34110 ☒ Change ☐ Addition

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

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

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 #

CR2E034 (10/00)