

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90002 007 ***150.00

DOCUMENT # P9500049924
1. Entity Name N Magazine, Inc.

Principal Place of Business 4500 Executive Dr
Suite 110
Naples, FL 34119
Mailing Address SAME

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip **Country**

659793

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Brown, Thomas G
4500 Executive Drive
Suite 110
Naples, FL 34119

4. FEI Number 650594266
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
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)
10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete
Brown, Thomas G
4500 Executive Dr.
Naples, FL 34119
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Change ☒ Addition
US
Mitchell, William N
4500 Executive Dr.
Naples, FL 34119
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP** ☐ 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: _____ **DATE** 4/30/01 **Daytime Phone #** 354-0100 (941)

CR2E034 (11/00)