

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095302

1. Entity Name

VILLAGE BANC OF NAPLES

Principal Place of Business

4040 GULF SHORE BOULEVARD
NAPLES FL 34103

Mailing Address

4040 GULF SHORE BOULEVARD
NAPLES FL 34103-2212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

00 APR -7 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

04/07/00 90044 020 150.00

4. FEI Number 65-0656264

Applied For

Not Applicable

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

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

TITLE P ☐ Delete
NAME WEAVER, JAMES S
STREET ADDRESS 6766 SOUTH LAKE CIRCLE
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4340 Beechwood Dr.
CITY-ST-ZIP NAPLES FL 34112

TITLE V ☐ Delete
NAME SHULTZ, RICHARD M
STREET ADDRESS 1484 BASS CIRCLE
CITY-ST-ZIP FORT MYERS FL 33919

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

TITLE C ☐ Delete
NAME KLAAS, RICHARD L
STREET ADDRESS 3377 GULF SHORE BLVD NO 8-C
CITY-ST-ZIP NAPLES FL 34103

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

TITLE VC ☐ Delete
NAME BARTON, WILLIAM L
STREET ADDRESS 605 PALM CIRCLE EAST
CITY-ST-ZIP NAPLES FL 34102

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

TITLE D ☐ Delete
NAME AGNELI, JOHN J
STREET ADDRESS 373 BAY MEADOWS DR.
CITY-ST-ZIP NAPLES FL 34113

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

TITLE D ☐ Delete
NAME ALDRICH, SUSAN R
STREET ADDRESS 2737 BUCKHORN WAY
CITY-ST-ZIP NAPLES FL 34105

TITLE ☐ Change ☐ 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: *Richard M. Shultz* RICHARD M SHULTZ

4/1/00 941435-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2524 (9/99)