

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000097717

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Entity Name:** THE ECKHARDT COMPANY OF NAPLES, INC.

## Current Principal Place of Business:

THE COFFEE BEANERY  
8803 TAMiami TRAIL N  
NAPLES, FL 34108 US

## New Principal Place of Business:

## Current Mailing Address:

THE COFFEE BEANERY  
8803 TAMiami TRAIL  
NAPLES, FL 34108 US

## New Mailing Address:

**FEI Number:** 65-0639940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

## Name and Address of Current Registered Agent:

GROVER, STEVEN K  
868 99TH AVE. NORTH  
STE 1  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ECKHARDT, JOHN H  
Address: 567 99TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete  
Name: ECKHARDT, TORY  
Address: 755 104TH AVE N  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: ECKHARDT, SANDRA L  
Address: 567 99TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34108

Title: TD (X) Delete  
Name: ECKHARDT, TRENT H  
Address: 782 109TH AVE N  
City-St-Zip: NAPLES, FL 34108

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: ECKHARDT, JOHN H  
Address: 567 99TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34108

Title: PD (X) Change ( ) Addition  
Name: ECKHARDT, TORY  
Address: 755 104TH AVE N  
City-St-Zip: NAPLES, FL 34108

Title: TSD (X) Change ( ) Addition  
Name: ECKHARDT, SANDRA L  
Address: 567 99TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34108

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TORY ECKHARDT

PRES

04/30/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date