

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037860

1. Entity Name
BED BATH & BEYOND OF NAPLES INC.

Principal Place of Business
650 LIBERTY AVE
UNION NJ 07083
US

Mailing Address

650 LIBERTY AVE
UNION NJ 07083
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number

22-3476770

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
EISENBERG, WARREN
650 LIBERTY AVE
UNION NJ 07083

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
FEINSTEIN, LEONARD
110 BICOUNTY BLVD
FARMINGDALE NY 11735

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
CURWIN, RONALD
650 LIBERTY AVE
UNION NJ 07083

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VAS
TEMARES, STEVEN
650 LIBERTY AVE
UNION NJ 07083

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AT
CASTAGNA, EUGENE A
650 LIBERTY AVE
UNION NJ 07083

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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

ASST. TREASURER 4/25/02 (908)688-0888
EUGENE A. CASTAGNA

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)