

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087637

1. Entity Name  
**BUSINESS DEVELOPMENT CORPORATION OF NAPLES, INC.**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90162 034 \*\*\*150.00

Principal Place of Business 745 12TH AVE. S. #G NAPLES FL 34102 US	Mailing Address 745 12TH AVE. S. #G NAPLES FL 34102-7306 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1187 8th STREET SOUTH Suite, Apt. #, etc.	3. Mailing Address 1187 8th Street South Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NA	4. FEI Number 59-3420016	Applied For <input type="checkbox"/> Not Applicable
Zip 34102	Country US	Zip 34102	Country US

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 ROSS, DONALD K  
 RICHMAN, DEIFIK, LANIER & ROSS, P.A.  
 SUITE 206  
 NAPLES FL 34105

7. Name and Address of New Registered Agent  
 Name: JOSEPH L. FLANIGAN  
 Street Address (P.O. Box Number is Not Acceptable): 1187 8th ST. SOUTH  
 City: NAPLES FL Zip Code: 34102

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]* DATE: 1/5/00  
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)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANNIGAN, JOE 2590 GOLDEN GATE PKWY #106 NAPLES FL 34105 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANIGAN, JOSEPH L 1187 8th ST. SOUTH NAPLES, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/5/00 Daytime Phone #: (941) 430-1415

CR2E034 (9/99)