

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000065262

1. Entity Name

SANCTUARY SKATE PARK-COLLIER, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90028 040 ***150.00

Principal Place of Business

Mailing Address

1303 SOLANA RD
NAPLES FL 34103

1303 SOLANA RD
NAPLES FL 34109-0762

2. Principal Place of Business

6099 Shallows Way

Suite, Apt. #, etc.

3. Mailing Address

6099 Shallows Way

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

59-3465286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICE, LINDA
1303 SOLANA RD
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6099 Shallows Way

City

Naples

FL

Zip Code

34109

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]

Linda Rice

March 14, 00

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

TITLE PD ☐ Delete
NAME RICE, LINDA
STREET ADDRESS 1303 SOLANA RD
CITY-ST-ZIP NAPLES FL 34103

TITLE STD ☐ Delete
NAME D'AMICO, LINDY M
STREET ADDRESS 1303 SOLANA RD
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6099 Shallows Way
CITY-ST-ZIP 34109

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6099 Shallows Way
CITY-ST-ZIP 34109

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

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

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

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:

[Signature] Linda Rice

March 14, 00

Date

941-596-6444

Daytime Phone #