

FILED  
Mar 10, 2003 8:00 am  
Secretary of State

03-10-2003 90182 029 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000077469

1. Entity Name  
**OUTDOOR RESORTS OF NAPLES, INC.**

Principal Place of Business  
2400 CRESTMOOR RD  
SUITE 200  
NASHVILLE, TN 37215 US

Mailing Address  
2400 CRESTMOOR RD  
SUITE 200  
NASHVILLE, TN 37215 US

2. Principal Place of Business  
91320 Coburg Industrial Way

3. Mailing Address  
91320 Coburg Industrial Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Coburg, OR

City & State  
Coburg, OR

4. FEI Number  
65-1011441

Applied For  
Not Applicable

Zip  
97408

Country  
US

Zip  
97408

Country  
US

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

PRICE, R S  
2640 GOLDEN GATE PARKWAY  
SUITE 315  
NAPLES, FL 34106

Name  
CI Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

City  
Plantation

FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when changing)

DATE

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                           |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>SCHODELHORN, ROBERT A<br>2400 CRESTMOOR DRIVE<br>NASHVILLE, TX 37215 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P/D<br>Nepute, John<br>91320 Coburg Industrial Way<br>Coburg, OR 97408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HENDERSON, E R JR<br>2400 CRESTMOOR DRIVE<br>NASHVILLE, TX 37215 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | T/D<br>Daley, Paul Martin<br>91320 Coburg Industrial Way<br>Coburg, OR 97408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GROSS, SHELDON J<br>2400 CRESTMOOR DRIVE<br>NASHVILLE, TX 37215 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S/D<br>Kimball, Charles<br>91320 Coburg Industrial Way<br>Coburg, OR 97408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>PETTY, RONALD W<br>2400 CRESTMOOR RD STE 200<br>NASHVILLE, TN 37215 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Kimball 3-4-03 541-681-8072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CONTACT PHONE #

CR2E034 (10/02)