

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006128

1. Entity Name

NAPLES AFFORDABLE HOUSING, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90004 009 ***150.00

Principal Place of Business

60 W. PELICAN STREET
#704
NAPLES FL 34113

Mailing Address

60 W. PELICAN STREET
#704
NAPLES FL 34113-4025

00000132



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

60 W. Pelican St
Suite, Apt. #, etc.
704

3. Mailing Address

60 W. Pelican St
Suite, Apt. #, etc.
704

City & State

Naples

City & State

Naples

Zip

FI

Country

USA

Zip

FI

Country

USA

4. FEI Number

59-3514366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEIDNER, LORRAINE
60 W. PELICAN STREET
NAPLES FL 34113

7. Name and Address of New Registered Agent

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

Lorraine Seidner

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

(NOTE: Registered Agent signature required when reinstating)

1-10-2000

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 PS
NAME SEIDNER, LORRAINE
STREET ADDRESS 60 W. PELICAN STREET
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE VP
NAME O'ROURKE, JAMES
STREET ADDRESS 60 W. PELICAN STREET
CITY-ST-ZIP NAPLES FL 34113 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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

Lorraine Seidner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

Date

841-821-4257

Daytime Phone #