

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008850

1. Entity Name  
WCB OF NAPLES, INC.

Principal Place of Business

4573 MERCANTILE AVE  
NAPLES FL 34104

Mailing Address

PO BOX 193  
NAPLES FL 34106

2. Principal Place of Business

4573 Mercantile Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip Country

34104 USA

4. FEI Number

59-3486856

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROCK, WILLIAM C  
677 5TH AVENUE NORTH  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

William C. Brock

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

5890 Golden Gate Parkway

City

Naples

FL

Zip Code

34116

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

*WCB*

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

(NOTE: Registered Agent signature required when reinstating)

8/29/00

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 D  
NAME BROCK, WILLIAM C  
STREET ADDRESS 677 5TH AVENUE NORTH  
CITY-ST-ZIP NAPLES FL 34102

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE William C. Brock  
NAME  
STREET ADDRESS 5890 Golden Gate Parkway  
CITY-ST-ZIP Naples, FL 34116

☒ Change

☐ Addition

TITLE Jane Lamberson  
NAME Accountant  
STREET ADDRESS 4501 Tamiami Trail North, Suite 204  
CITY-ST-ZIP Naples FL 34103

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

*WCB*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/00

DATE

941-643-5588

DAYTIME PHONE #

CR2E034 (5/00)