

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008850

1. Entity Name
WCB OF NAPLES, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90234 021 ***550.00

Principal Place of Business

4573 MERANTILE AVE
NAPLES FL 34104

Mailing Address

PO BOX 133
NAPLES FL 34106

2. Principal Place of Business

3. Mailing Address

5890 Golden Gate Pkwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Naples

FL

Zip

Country

Zip

Country

34116

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

7. Name and Address of New Registered Agent

BROCK, WILLIAM C
5890 GOLDENGATE PKWY
NAPLES FL 34116

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BROCK, WILLIAM C
STREET ADDRESS 5890 GOLDEN GATE PKWY
CITY-ST-ZIP NAPLES FL 34116 ☐ Delete

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

TITLE AC
NAME LAMBERSON, JANE
STREET ADDRESS 4501 TAMiami TRAIL NORTH, STE 204
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

W.C. Brock Jr., Pres.

Date

Daytime Phone #

1/31/00 941-643-5588

CR2E034 (10/00)