## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 24, 2000 8:00 am DOCUMENT # P98000010772 **Secretary of State** THE GROUP OF NAPLES, INC. 03-24-2000 90085 029 \*\*\*150.00 Principal Place of Business Mailing Address 5415 JAEGER RD. 5415 JAEGER RD. NAPLES FL 34109 NAPLES FL 34109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3550960 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOLDAVINI, BRIDGID Street Address (P.O. Box Number is Not Acceptable) 5415 JAEGER RD. NAPLES FL 34109 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change Addition TITLE TITLE Turner, Caprecia L SOLDAVINI, BRIGID NAME NAME 27830 Hacienda & Blud # 2046 STREET ADDRESS STREET ADDRESS 5415 JAEGER RD. Bonita Springs, FL CITY-ST-ZII CITY-ST-ZIP NAPLES FL 34109 Change Addition Delete TITLE TITI F Cappetti NAME MORROW, GUY P NAM STREET ADDRESS nables FL 34117 STREET ADDRESS 7654 PEBBLE CREEK CIR. #304 CITY-ST-ZIP CITY-ST-ZIP naples, FL NAPLES FL 34108 ☐ Change ☐ Addition Delete TITLE TIT! F GRIFFIN, ELIZABETH V NAME STREET ADDRESS STREET ADDRESS 7709 PEBBLE CREEK CIR. #301 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Change ☐ Addition ☐ Delete ÍTITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE . PMAM NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS OITY-ST-ZIP 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:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #