

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090098

1. Entity Name
NAPLES COASTAL REALTY, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90116 042 ***158.75

Principal Place of Business
5551 RIDGEWOOD DRIVE, SUITE 203
NAPLES FL 34108

Mailing Address
5551 RIDGEWOOD DRIVE, SUITE 203
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3539151

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

ATHAN, G. HELEN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108

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	VD	<input type="checkbox"/> Delete
NAME	GRiffin, GERALD F II	
STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CORACE, RICHARD F	
STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	LOWELL, JACK	
STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME	SHARPE, KEITH A	
STREET ADDRESS	5551 RIDGEWOOD DRIVE, SUITE 203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-566-2800

CR2E034 (10/00)