

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031652

1. Entity Name
NAPLES SEASIDE, INC.

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90019 018 ***150.00

Principal Place of Business
WHITE & ASSOCIATES
5121 CASTELLO DRIVE SUITE 2
NAPLES FL 34103

Mailing Address
WHITE & ASSOCIATES
5121 CASTELLO DRIVE SUITE 2
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3586510		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITE, JOHN P WHITE & ASSOCIATES 5121 CASTELLO DRIVE SUITE 2 NAPLES FL 34103		Name <u>John P. White</u>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<u>3431 Pine Ridge Road, Suite 101</u>	
		City <u>Naples</u> FL Zip Code <u>34109</u>	

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] DATE 4-30-01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBAN, MARK V 94 HAMILTON TERRACE LONDON, ENGLAND NW89VR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLICK, ROXANE OLIVIA S 23 HAMILTON TERRACE LONDON, ENGLAND NW89RE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: John P. White (U.P.) DATE: 4-26-01 DAYTIME PHONE #: (941) 566-2013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)