

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087809

1. Entity Name  
AMERICAN NEGOTIATION INSTITUTE, INC.

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90059 021 \*\*\*158.75

Principal Place of Business  
C/O JENNIFER WHITELAW  
3838 TAMiami TRAIL NORTH, THIRD FLOOR  
NAPLES FL 34103

Mailing Address  
C/O JENNIFER WHITELAW  
3838 TAMiami TRAIL NORTH, THIRD FLOOR  
NAPLES FL 34103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
C/O JENNIFER L. WHITELAW  
Suite, Apt. #, etc.  
3838 TAMiami TRAIL NORTH SUITE 310

3. Mailing Address  
C/O JENNIFER L. WHITELAW  
Suite, Apt. #, etc.  
3838 TAMiami TRAIL NORTH SUITE 310

City & State  
NAPLES FL

City & State  
NAPLES FL

4. FEI Number 65-0976527

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WHITELAW, JENNIFER L  
3838 TAMiami TRAIL NORTH, THIRD FLOOR SUITE 310  
NAPLES FL 34103

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
Signatures, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD D'ALLESSANDRO, FRANK R <del>6801 COLLEGE PARKWAY STE 1</del> FORT MYERS FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4516 Longboat Lane
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
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
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
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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: 2-2-01 941-489-3303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

039432

CR2E034 (10/00)