

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90538 028 ***150.00

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DOCUMENT # 379059

1. Entity Name
ADVENTURER'S CLUB, INC.



Principal Place of Business
**1100 8TH AVE.SOUTH
NAPLES FLA 33940**

Mailing Address
**800 SEAGATE DRIVE
SUITE 202
NAPLES FL 34103
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **59-1444326** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GOBY, SUE A
BUSINESS SOLUTIONS OF NAPLES, INC.
800 SEAGATE DR #202
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OPPENHEIM, AL 1100 8TH AVE S, 229 K NAPLES FL 34102 <i>VPD VICE PRESIDENT</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GENCO, PAUL 1100 8TH AVE S, 125 G NAPLES FL 34102 <i>PRESIDENT</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, GEORGE 1100 8TH AVE S. #129K NAPLES FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBIS, JOE 1100 8TH AVE S NAPLES FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGEN, JAMES 1100 8TH AVE S # 223F NAPLES FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIHRIN, MONIKA 1100 8TH AVE S # 323K NAPLES FL 34102

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	← <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	← <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILBERT BROWN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 8TH AVE S. 1126G NAPLES, FL. 34102 SEC'Y
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *President & Director* **1-15-03** **239-439** **2333**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)