

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705744

1. Entity Name

PARK PLACE CLUB OF NAPLES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90166 046 ****61.25

Principal Place of Business

Mailing Address

2020 GULF SHORE BLVD N.
 NAPLES FL 34102-1601
 US

2020 GULF SHORE BLVD N.
 NAPLES FL 34102-1601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1026142

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MELDON, THOMAS E
C/O MELDON CONSULTANTS
800 HARBOUR DRIVE
NAPLES FL 34103

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **KENNEDY, RICHARD**
 STREET ADDRESS **2020 GULF SHORE BLVD., NORTH, APT. #105**
 CITY-ST-ZIP **NAPLES FL**

TITLE **DS** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **NASH, SHERRILL G**
 STREET ADDRESS **645 WALTWOOD CIRCLE**
 CITY-ST-ZIP **BALTIMORE MD 21212**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **LA CANFORA, PETER**
 STREET ADDRESS **2020 GULF SHORE BLVD. N. #206**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **HATHAWAY, PETER L.**
 STREET ADDRESS **2020 GULF SHORE BLVD., NO**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **SHELLEY, HENRY**
 STREET ADDRESS **2020 GULF SHORE BLVD. N., #101**
 CITY-ST-ZIP **NAPLES FL**

TITLE **DP** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Change Addition
 NAME **JOHN DOOLITTLE**
 STREET ADDRESS **7360 BRIGHAM ROAD**
 CITY-ST-ZIP **Gates Mills, OH 44040**

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 617, 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry Shelley 4/20/2000

434 0501
 Daytime Phone #

CR2E037 (9/99)