

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90069 029 ****61.25

DOCUMENT # 706215

1. Entity Name

THE COUNTRY CLUB OF NAPLES, INC.



Principal Place of Business

**185 BURNING TREE DR.
NAPLES FL 34105
US**

Mailing Address

**185 BURNING TREE DR.
NAPLES FL 34104
US**

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 **59-1149087**

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

**HOYER-BOOTH, ELIZABETH A CONTROL
8420 ARBORFIELD COURT
FORT MYERS FL 33912**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **TREADWELL, DONALD H**
STREET ADDRESS **100 GLENVIEW CT., APT 411**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **PD:** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **SIMS, JAMES D**
STREET ADDRESS **8495 ABBINGTON CIRCLE APT 212**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **SMITH, CARL G**
STREET ADDRESS **3003 GULF SHORE BLVD. N. APT 801**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **PENCE, RUTH C**
STREET ADDRESS **524 TURTLE HATCH LANE**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VD**
STREET ADDRESS **Brandon, James R.**
CITY-ST-ZIP **5142 Kensington High Street
Naples, FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TD**
STREET ADDRESS **Purvis, Richard T.**
CITY-ST-ZIP **6545 Valen Way, Apt. 302
Naples, FL 34108**

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.

(239)

SIGNATURE:

Donald H. Treadwell

Donald H. Treadwell 2/27/03 566-90402

CR2E037 (10/02)