

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713734

1. Entity Name

THE WARWICK CLUB OF NAPLES, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90014 045 ****61.25

Principal Place of Business

280 SECOND AVE. SOUTH
NAPLES FL 34102
US

Mailing Address

~~7891 GEORGIAN BAY CIR~~ 8352 BOUNTY RD
~~#106~~
FORT MYERS FL 33912
US

2. Principal Place of Business

3. Mailing Address

8352 BOUNTY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS FL

Zip

Country

Zip

Country

33912

US

4. FEI Number

59-1293398

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

FLEMING, MARK
7891 GEORGIAN BAY CIR
#106
FORT MYERS FL 33912

Name

FLEMING, MARK

Street Address (P.O. Box Number is Not Acceptable)

8352 BOUNTY RD.

City

FT. MYERS

FL

Zip Code

33912

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

M.A. Fleming

M.A. FLEMING

2-6-00

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

TITLE ☐ Delete

NAME PD
STREET ADDRESS HOBBY, BILL
CITY-ST-ZIP 280 2ND AVE S #104
NAPLES FL 33942

TITLE ☐ Delete

NAME TD
STREET ADDRESS WEBER, VIRGINIA
CITY-ST-ZIP 280 2ND AVE #202
NAPLES FL 33942

TITLE ☐ Delete

NAME SD
STREET ADDRESS HECKMAN, RAYMOND
CITY-ST-ZIP 280 2ND AVE S #306
NAPLES FL 33942

TITLE ☐ Delete

NAME VD
STREET ADDRESS THOMAS, JACK
CITY-ST-ZIP 280 2ND AVE S #103
NAPLES FL 33942

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

MARK FLEMING MANAGER
8 MARK FLEMING
8352 BOUNTY RD
FT. MYERS, FL 33912

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: *M.A. Fleming* SIGNATURE REQUIRED FLEMING

2-6-00

941-415-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #