

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90077 001 ****61.25

DOCUMENT # 716316

1. Entity Name

THE SPINDRIFT CLUB OF NAPLES, INC.

Principal Place of Business

2600 GULF SHORE BLVD. NORTH
 NAPLES FL 33940
 US

Mailing Address

2600 GULF SHORE BLVD. NORTH
 NAPLES FLA 34103-4309
 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

59-1292208

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REID, DEBORAH S.
 2600 GULF SHORE BLVD. N.
 NAPLES FL 33940

7. Name and Address of New Registered Agent

Name

Gerald Rosow

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

2600 Gulf Shore Boulevard North, Apt. #45

City

Naples

FL

Zip Code

34103

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

Gerald Rosow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/00

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: **DST** Delete
 NAME: **EYCK, EDWARD H. TEN J**
 STREET ADDRESS: **2600 GULF SHORE BLVD N**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **ASD** Delete
 NAME: **REID, DEBORAH S.**
 STREET ADDRESS: **2600 GULF SHORE BLVD. N**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **D** Delete
 NAME: **SCHIPPER, MARK**
 STREET ADDRESS: **2600 GULF SHORE BLVD. N, #36**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **DVP** Delete
 NAME: **ROSOW, GERALD**
 STREET ADDRESS: **2600 GULF SHORE BLVD N**
 CITY-ST-ZIP: **NAPLES FL**

TITLE: **PD** Delete
 NAME: **BRANDT, KEN**
 STREET ADDRESS: **2600 GULF SHORE BLVD. N, #62**
 CITY-ST-ZIP: **NAPLES FL 33940**

TITLE: **D** Delete
 NAME: **AUCOIN, LOLA**
 STREET ADDRESS: **2600 Gulf Shore Blvd. N. #43**
 CITY-ST-ZIP: **Naples, FL 34103**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: **ATD** Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE: **VP** Change Addition
 NAME: **TOMB, DONALD**
 STREET ADDRESS: **2600 GULF SHORE BLVD. NORTH #33**
 CITY-ST-ZIP: **NAPLES, FL 34103**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change 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 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: *Gerald Rosow*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

Date

Daytime Phone #

CR2F037 (9/99)