

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90027 019 \*\*\*\*61.25

**DOCUMENT # 727457**

1. Entity Name

**LA MAISON CLUB, INC.**

Principal Place of Business

Mailing Address

3450 GULF SHORE BL. NORTH  
 NAPLES FL 34103  
 US

3450 GULF SHORE BL. NORTH  
 NAPLES FL 34103-3691  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1417922**

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

**HENNELLS, SCOTT D**  
**9240 BONITA BCH RD**  
**STE 3305**  
**BONITA SPRINGS FL 34135**

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 **DP**  Delete  
 NAME **JACOBI, ROGER**  
 STREET ADDRESS **3450 GULF SHORE BOULEVARD NORTH**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE **DVP**  Change  Addition  
 NAME **Hutchinson, Eugene**  
 STREET ADDRESS **3450 Gulf Shore Blvd N #103**  
 CITY-ST-ZIP **Naples, FL 34103**

TITLE **DT**  Delete  
 NAME **ANDREWS, KIRK**  
 STREET ADDRESS **3450 GULF SHORE BOULEVARD NORTH**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KOOR, LEONARD M**  
 STREET ADDRESS **605 FERNCROFT TOWER**  
 CITY-ST-ZIP **DANVERS MA 01923-4054**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FRANZ, HOWARD**  
 STREET ADDRESS **3450 GULF SHORE BLVD N**  
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **GAUVIN, THERESE**  
 STREET ADDRESS **75 HOLLYWOOD ST**  
 CITY-ST-ZIP **FITCHBURG MA**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DVP**  Delete  
 NAME **LUTES, HELEN**  
 STREET ADDRESS **3450 GULF SHORE BLVD #313**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

(941) 244-0527

Daytime Phone #

CR2E037 (9/99)