

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90110 027 \*\*\*\*61.25

**DOCUMENT # 730625**

1. Entity Name

**VANDERBILT BEACH FLOTILLA, INC.**

Principal Place of Business

Mailing Address

C W WHITE  
 1806 PRINCESS CT  
 NAPLES FL 33942  
 US

C W WHITE  
 1806 PRINCESS CT  
 NAPLES FL 34110-1002  
 US

2. Principal Place of Business

3. Mailing Address

**5765 GRANDE RESERVE WAY**

**5765 GRANDE RESERVE WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#702**

**#702**

City & State

**NAPLES FLORIDA**

City & State

**NAPLES, FLORIDA**

4. FEI Number

**65-0135264**

Applied For

Not Applicable

Zip

Country

**34110**

Zip

Country

**34110**

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

**MCDONALD, STANLEY A.**  
**483 THIRD STREET S.**  
**NAPLES FL 33940**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HILL, CURTIS B</b>	
STREET ADDRESS	<b>10288 WILD TURKEY AVE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, CHARLES W</b>	
STREET ADDRESS	<b>1806 PRINCESS CT</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JOHNSON, W.R.</b>	
STREET ADDRESS	<b>793 WALKER BILT RD., F-11</b>	
CITY-ST-ZIP	<b>NAPLES FL 34110</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BROKAW, HAL</b>	
STREET ADDRESS	<b>13721 TONBRIDGE DR</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MARSHALL, JOHN F</b>	
STREET ADDRESS	<b>1741 GALLSON DR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HEISTEIN, B JOHN</b>	
STREET ADDRESS	<b>3834 WOODLAKE DR SW</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAFRANCE, ARTHUR C.</b>	
STREET ADDRESS	<b>4730 JACKSON ST.</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWE, WILLIAM</b>	
STREET ADDRESS	<b>120 WEST ST.</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34134</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILL, CURTIS B.</b>	
STREET ADDRESS	<b>9893 EL GRISO CIRCLE</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>	

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: CHARLES W. WHITE CHARLES W. WHITE 1/6/00 941-566-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)