

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744490

1. Entity Name

THE BUNKERS CLUB, INC.

Principal Place of Business

Mailing Address

333 CYPRESS WAY, EAST  
NAPLES FL 34110

333 CYPRESS WAY, EAST  
NAPLES FL 34110

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

59-1930520

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

GROTENHUIS, E. N.  
333 CYPRESS WAY E.  
NAPLES FL 34110

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

TITLE PD  
NAME PAUL COULSON ☐ Delete  
STREET ADDRESS 333 CYPRESS WAY E  
CITY-ST-ZIP NAPLES FL

TITLE VD  
NAME GROTENHUIS, E. ☐ Delete  
STREET ADDRESS 333 CYPRESS WAY E  
CITY-ST-ZIP NAPLES FL

TITLE ST  
NAME BIECHLER, HELEN ☐ Delete  
STREET ADDRESS 333 CYPRESS WAY E  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME STROTHER, JAMES ☐ Delete  
STREET ADDRESS 333 CYPRESS WAY E  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME HICKS, TROY ☐ Delete  
STREET ADDRESS 333 CYPRESS WAY E  
CITY-ST-ZIP NAPLES FL

TITLE D  
NAME HICKS, DOIN ☐ Delete  
STREET ADDRESS 333 CYPRESS WAY E  
CITY-ST-ZIP NAPLES FL

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

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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)(l), 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: E. N. GROTENHUIS *E. N. Grotenhuis* 3-10-2002 941-597-8003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90660 009 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)