

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90296 046 \*\*\*\*61.25

**DOCUMENT # 770426**

1. Entity Name

**NAPLES HIDEAWAY CLUB, INC.**

Principal Place of Business

Mailing Address

~~1055 ROSEMARY CT.~~  
~~NAPLES FL 34108~~  
~~US~~

~~1055 ROSEMARY CT.~~  
~~NAPLES FL 34108-0305~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**P.O. Box 110339**  
 Suite, Apt. #, etc.

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 Suite, Apt. #, etc.

City & State  
**NAPLES FL.**

City & State  
**NAPLES FL.**

Zip **34108** Country **US**

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4. FEI Number **59-2400374**  
~~NOT APPLICABLE~~

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

7. Name and Address of New Registered Agent

**NURSE, DONALD**  
**5960 PELICAN BAY BLVD. #334**  
**NAPLES FL 34108**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NURSE, DONALD</b> <b>5960 PELICAN BAY BLVD.</b> <b>NAPLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>THOMAS, PEGGY</b> <b>1155 ROSEMARY COURT #B102</b> <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>STAUFFER, KAREN</b> <b>1155 ROSEMARY CT. B-101</b> <b>NAPLES FL 34103</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEBB, ARTHUR</b> <b>6655 MANGROVE WAY</b> <b>NAPLES FL 34109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Karen Stauffer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KAREN STAUFFER**  
 4/25/00 941-591-2040  
 Date Daytime Phone #

CR2E037 (9/99)