

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90268 004 ****61.25

DOCUMENT # N02000007776

1. Entity Name

NAPLES BOAT CLUB WET SLIP ASSOCIATION, INC.



Principal Place of Business

**899 TENTH STREET SOUTH
NAPLES FL 34102**

Mailing Address

**899 TENTH STREET SOUTH
NAPLES FL 34102**

2. Principal Place of Business

909 10th Street So.

Suite, Apt. #, etc.
#101

City & State
Naples, FL

Zip
34102

Country
USA

3. Mailing Address

909 10th Street So.

Suite, Apt. #, etc.
#101

City & State
Naples, FL

Zip
34102

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

01-0637299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, KENNETH R
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **GOEBEL, JOHN L**
STREET ADDRESS **211 N. BROADWAY, SUITE 3600**
CITY-ST-ZIP **ST. LOUIS MO 63102-2750**

TITLE **VD** ☐ Delete
NAME **WATTERAU, TED C**
STREET ADDRESS **211 N. BROADWAY, SUITE 3600**
CITY-ST-ZIP **ST. LOUIS MO 63102-2750**

TITLE **VD** ☐ Delete
NAME **HEIMBURGER, G. FRED**
STREET ADDRESS **211 N. BROADWAY, SUITE 3600**
CITY-ST-ZIP **ST. LOUIS MO 63102-2750**

TITLE **VD** ☐ Delete
NAME **RUFF, EDWARD J**
STREET ADDRESS **4760 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **VSTD** ☐ Delete
NAME **SWANSON, JOHN C**
STREET ADDRESS **899 TENTH STREET SOUTH**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

2.11.03

239.430.4994

CR2E037 (10/02)