**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 10, 2001 8:00 am Secretary of State **DOCUMENT # N34066** 1. Entity Name 04-10-2001 90121 036 \*\*\*\*61.25 NAPLES NATIONAL GOLF CLUB, INC. Principal Place of Business Mailing Address 4141 ISLE OF CAPRI ROAD 4141 ISLE OF CAPRI ROAD NAPLES FL 34114 NAPLES FL 34114 US 2. Principal Place of Business 3. Mailing Address 9325 COLLIER 9325 COLLIER BLVO Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0150321 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CARDILLO, JOHN P. 3550 E. TAMIAMI TRAIL NAPLES FL 34112 Zip Code FL 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. 品面产品 COLORS ELMEDS THREE SIGNATURE (NOTE: Registered Agent signature required when reinstating))1,8 Signature, typed or printed name of registered agent and title if applicable. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. OAKLEY, THOMAS Addition . CD ☐ Change ☐ Delete TITLE TITLE 6000 ROYAL MARCO WAY #652 BENTON, CHARLES V. NAME NAME MARCO ISLAND, FL 34145 STREET ADDRESS 4141 ISLE OF CAPRI RD STREET ADDRESS CITY-ST-ZIP T/D CITY-ST-ZIP NAPLES FL 34114 PENSION, FRANK X Addition ☐ Delete TITLE Channe TITLE CARDILLO, JOHN P 8231 BAY COLONY DR. NAME . . . . . NAME NAPLES, FL 34108 STREET ADDRESS 3550 E. TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 -TITLE SCHULTE, FRED C. ☐ Change X Addition ☐ Delete TITLE NAME CALLAHAN, FRANCIS J NAME 490 PALM CIR. W. STREET ADDRESS 3655 FT. CHARLES DR STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP NAPLES FL 34102 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change X Addition ANTONUCCI, JOHN R. ROSNER, JAMES C. NAME 690 S. BARFIELD DR. P.O. BOX 717 STREET ADDRESS 5000 ROYAL MARCO WAY #831 STREET ADORESS MARCO ISLAND, FL 34146 CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HULSE, OWEN E., JR. NAME STREET ADDRESS 221 BAY POINT STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP NAPLES FL 34112 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANSOUR, ERNEST P NAME NAME STREET ADDRESS STREET ADDRESS 55 PUBLIC SQUARE CITY~ST-ZIP CITY-ST-ZIP **CLEVELAND OH 44113** 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

SIGN SIGNATURE: . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address