

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90059 002 \*\*\*\*70.00

**C0003749**



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # N95000005513</b>							
<b>1. Entity Name</b> DARTMOUTH CLUB OF SOUTHWEST FLORIDA, INC.							
<b>Principal Place of Business</b> 821 5TH AVE S SUITE 201 NAPLES FL 34102			<b>Mailing Address</b> 821 5TH AVE S SUITE 201 NAPLES FL 34102				
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		<b>4. FEI Number</b> 65-0659596			
Zip		Country		<table border="1" style="width:100%;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
				<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>				
KEHOE, JOHN D 821 5TH AVE S SUITE 201 NAPLES FL 34102			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City				
			FL Zip Code				
<b>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.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE							
<b>FILE NOW:</b> FEE IS \$61.25		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to</b> Department of State			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE	D/P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BATCHELDER, JOSEPH		NAME				
STREET ADDRESS	1680 CRAYTON ROAD		STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34102-5126		CITY-ST-ZIP				
TITLE	D/V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ALLBEE, STEPHEN R		NAME				
STREET ADDRESS	5315 FOX HOLLOW DRIVE		STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34104		CITY-ST-ZIP				
TITLE	DST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WILSON, ROBERT L		NAME				
STREET ADDRESS	201 MEADOWLARK COURT		STREET ADDRESS				
CITY-ST-ZIP	MARCO ISLAND FL 34145-3819		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
<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.</b>							
SIGNATURE: <i>Robert L. Wilson</i>			8 Jan 01 941-394-2226				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				

CR2E037 (10/00)