

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745321

1. Entity Name

VANDERBILT SURF COLONY RECREATIONAL AND MAINTENA

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90166 017 ****61.25

Principal Place of Business

11 BLUEBILL AVE
#601
NAPLES FL 34108
US

Mailing Address

11 BLUEBILL AVE
#601
NAPLES FL 34108-1715
US

2. Principal Place of Business

11 BLUEBILL AVE
Suite, Apt. #, etc.
1005

3. Mailing Address

11 Bluebill AVE
Suite, Apt. #, etc.
1005

City & State
NAPLES FL

Zip Country
34108 US

City & State
NAPLES FL

Zip Country
34108 US

4. FEI Number

59-1798261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUBLE, ALBERT H
11 BLUEBILL AVENUE #601
NAPLES FL 33963

7. Name and Address of New Registered Agent

Name STUBLE, ALBERT H

Street Address (P.O. Box Number is Not Acceptable)

11 Bluebill AVE #1005

City NAPLES FL Zip Code 34108

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 DVS
NAME KNAK, WILBUR
STREET ADDRESS 17 BLUEBILL AVE
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE PD
NAME RICHARD, RICHIE
STREET ADDRESS 15 BLUEBILL AVENUE
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE TD
NAME STUBLE, ALBERT H
STREET ADDRESS 11 BLUEBILL AVE. #601
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ 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: Stable, Albert H
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 JAN 2000 941 597 9791
Date Daytime Phone #

CR2E037 (9/99)