

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713734

1. Entity Name

THE WARWICK CLUB OF NAPLES, INC.

**FILED**  
Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90014 045 \*\*\*\*61.25

Principal Place of Business

280 SECOND AVE. SOUTH  
NAPLES FL 34102  
US

Mailing Address

~~7891 GEORGIAN BAY CIR~~ 8352 BOUNTY RD  
~~#106~~  
FORT MYERS FL 33912  
US

2. Principal Place of Business

3. Mailing Address

8352 BOUNTY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS FL

Zip

Country

Zip

33912

Country

US

4. FEI Number

59-1293398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLEMING, MARK  
7891 GEORGIAN BAY CIR  
#106  
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

FLEMING, MARK

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

8352 BOUNTY RD.

City

FT. MYERS

FL

Zip Code

33912

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

*M.A. Fleming*

M.A. FLEMING

2-6-00

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 ☐ Delete

NAME PD  
STREET ADDRESS HOBBY, BILL  
CITY-ST-ZIP 280 2ND AVE S #104  
NAPLES FL 33942

TITLE ☐ Delete

NAME TD  
STREET ADDRESS WEBER, VIRGINIA  
CITY-ST-ZIP 280 2ND AVE #202  
NAPLES FL 33942

TITLE ☐ Delete

NAME SD  
STREET ADDRESS HECKMAN, RAYMOND  
CITY-ST-ZIP 280 2ND AVE S #306  
NAPLES FL 33942

TITLE ☐ Delete

NAME VD  
STREET ADDRESS THOMAS, JACK  
CITY-ST-ZIP 280 2ND AVE S #103  
NAPLES FL 33942

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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

MARK FLEMING MANAGER  
8 MARK FLEMING  
8352 BOUNTY RD  
FT. MYERS, FL 33912

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:

*M.A. Fleming* M.A. FLEMING

2-6-00

941-415-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #