2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2001 8:00 am Secretary of State **DOCUMENT # 713734** 1. Entity Name THE WARWICK CLUB OF NAPLES, INC. 01-26-2001 90080 040 ****61.25 Principal Place of Business Mailing Address WARNICK CLUB 96 MARK FLENING 280 SECOND AVE. SOUTH 8352 BOUNTY RD NAPLES FL 34102 FT MYERS FL 33712 3. Mailing Address 8352 BOUNTY RD. 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL 59-1293398 ft. My ERS Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33912 Lee Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARK Street Address (P.O. Box Number is Not Acceptable) FLEMING, MARK 8352 BOUNTY RD FORT MYERS FL 33912 FORT MYERS Zip Code *331*72 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. 1-14-01 MARK A. FLEMING **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Addition NAME HOBBY, BILL NAME STREET ADDRESS 280 2ND AVE S #104 STREET ADDRESS CITY-ST-ZIP NAPLES FL 33942 CITY-ST-ZIP TITLE TD ☐ Defete TITLE ☐ Change ☐ Addition NAME WEBER, VIRGINIA NAME STREET ADDRESS STREET ADDRESS 280 2ND AVE #202 CITY-ST-ZIP NAPLES FL 33942 CITY-ST-ZIP TITLE SD Delete TITLE Change ☐ Addition WAYNE BROCK NAME 180 12 AVE S. # 206 HECKMAN, RAYMOND NAME STREET ADDRESS 280 2ND AVE S #306 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33942 NAPLES, FL 33942 □ Delete TITLE ☐ Addition ☐ Change NAME THOMAS, JACK NAME STREET ADDRESS 280 2ND AVE S #103 STREET ADDRESS

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.

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

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NAPLES FL 33942

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MARCO ISLAND, FL34146

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