

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90232 045 \*\*\*\*61.25

**DOCUMENT # 713734**

1. Entity Name

**THE WARWICK CLUB OF NAPLES, INC.**

Principal Place of Business

**280 SECOND AVE. SOUTH  
 NAPLES FL 34102  
 US**

Mailing Address

**8352 BOUNTY RD  
 FT MYERS FL 33712  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**FLEMING, MARK  
 8352 BOUNTY RD  
 FORT MYERS FL 33912**

Name

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

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE TD ☐ Change ☒ Addition  
 NAME MIKE CASEY  
 STREET ADDRESS 280 2ND AVE. #205  
 CITY-ST-ZIP NAPLES, FL 33942

TITLE SD ☐ Delete  
 NAME BROCK, WAYNE  
 STREET ADDRESS 280 2ND AVE S #206  
 CITY-ST-ZIP NAPLES FL 33942

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

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

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

TITLE 2VP ☐ Delete  
 NAME CUNEO, LANCE  
 STREET ADDRESS PO BOX 82  
 CITY-ST-ZIP MARCO ISLAND FL 34146

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-11-02 941-415-9002**

CR2E037 (9/01)