

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90014 030 \*\*\*\*61.25

**DOCUMENT # 706601**

1. Entity Name

**ROYAL PALM CLUB OF NAPLES, INC.**

Principal Place of Business

Mailing Address

**2685 HORSESHOE DRIVE SOUTH, STE. 215  
NAPLES FL 34104  
US****2685 HORSESHOE DRIVE SOUTH, STE. 215  
NAPLES FL 34104  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1083213**

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

Name

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

City

**FL**

Zip Code

**ROSENOW, ROBERT  
2685 HORSESHOE DRIVE SOUTH, STE. 215  
NAPLES FL 34104**

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	DP	<input type="checkbox"/> Delete
NAME	HINCKLEY, RALPH	
STREET ADDRESS	16 STILLMEADOW RD.	
CITY-ST-ZIP	WESTON MA 02493	

TITLE	2ND DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINCKLEY, RALPH	
STREET ADDRESS	16 STILLMEADOW RD.	
CITY-ST-ZIP	WESTON MA 02493	

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, WILL	
STREET ADDRESS	3844 GLENFIELD DR., S.W.	
CITY-ST-ZIP	KNOXVILLE TN 37917	

TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROAD, ROBERT	
STREET ADDRESS	2121 GULFSHORE BLVD N, PH-E	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	INGRAM, HERBERT	
STREET ADDRESS	2121 GULFSHORE BLVD. N., #508	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, HERBERT	
STREET ADDRESS	2121 GULFSHORE BLVD N, #508	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EBERT, LOU ANN	
STREET ADDRESS	405 LAKE HILL RD.	
CITY-ST-ZIP	BALLSTON LAKE NY 12019	

TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BARON</del> BENNETT, GUARUN	
STREET ADDRESS	2121 GULFSHORE BLVD N, #303	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE	DS	<input type="checkbox"/> Delete
NAME	VAN BERKUM, ROBERT	
STREET ADDRESS	2121 GULFSHORE BLVD., N., #406	
CITY-ST-ZIP	NAPLES FL 34102	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENOW, ROBERT	
STREET ADDRESS	2685 HORSESHOE DRIVE SOUTH, STE. 215	
CITY-ST-ZIP	NAPLES FL 34104	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)