

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703616

1. Entity Name

NAPLES ATHLETIC CLUB, INC.

Principal Place of Business

3838 TAMiami TRAIL NORTH
STE 306
NAPLES FL 34103
US

Mailing Address

3838 TAMiami TRAIL NORTH
STE 306
NAPLES FL 34103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GREGORY, C. NEIL
ROETZEL & ADDRESS
850 PARK SHORE DR
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, ROBERT L DR	
STREET ADDRESS	3100 RUM ROW	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MATTHEWS, BEN	
STREET ADDRESS	617 GULF SHORE BLVD	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BISSELL, JOHN B	
STREET ADDRESS	5501 HERON POINT RD #102	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KILLIN, RICHARD C	
STREET ADDRESS	106 MOORINGS PARK DR.#C301	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE	D	<input type="checkbox"/> Delete
NAME	Hubert E. Howard, Jr.	
STREET ADDRESS	2911 Gulfside Dr.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert G. Jones	
STREET ADDRESS	3951 Gulf Shore Blvd N. #103	
CITY-ST-ZIP	Naples, FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard A. Chenoweth	
STREET ADDRESS	1900 Gulf Shore Blvd.N.	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	V.P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT RICHARD T	
STREET ADDRESS	521 TURTLE HATCH RD	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert O'Leary	
STREET ADDRESS	4401 Gulf Shore Blvd. N.	
CITY-ST-ZIP	Naples, FL 34103	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Duboc	
STREET ADDRESS	6360 Pelican Bay Blvd #405C	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

JOHN B. BISSELL 2-1-01 941-262-4047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90057 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)