

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90002 039 \*\*\*\*61.25

**DOCUMENT # 708072**

1. Entity Name

**KINGSTON CLUB, INCORPORATED**

Principal Place of Business

**%INTEGRATED PROPERTY MGMT.**  
**3435 -10TH ST. N. -STE 201**  
**NAPLES FL 34103**  
**US**

Mailing Address

**%INTEGRATED PROPERTY MGMT.**  
**3435 -10TH ST. N. -STE 201**  
**NAPLES FL 34103**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1210544**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**INTEGRATED PROPERTY MANAGEMENT, INC.**  
**3435 -10TH ST. N. -STE 201**  
**NAPLES FL 34103**

Name

**Becker & Poliakoff, P.A.**

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

**3003 TAMiami TR. N., Suite 210**

City

**NAPLES**

FL

Zip Code

**34103**

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

*E. Austin White*

**E. Austin White**

**Esquire, For the Firm**

**4-16-01**

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 **VD** ☐ Delete  
 NAME **ROSENTHAL, JANICE**  
 STREET ADDRESS **1820 GULFSHORE BLVD N #N**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Rosenthal, Janice**  
 STREET ADDRESS **1820 Gulf Shore Blvd. N., #B**  
 CITY-ST-ZIP **Naples, FL**

TITLE **SD** ☐ Delete  
 NAME **BROWN, DONALD**  
 STREET ADDRESS **5580 SW 7TH STREET**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **S/D** ☒ Change ☐ Addition  
 NAME **Brown, Donald**  
 STREET ADDRESS **1820 Gulf Shore Blvd. N., #N**  
 CITY-ST-ZIP **Naples, FL**

TITLE **PD** ☒ Delete  
 NAME **MASON, DEBORAH**  
 STREET ADDRESS **1820 GULFSHORE BLVD N #C**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **V/D** ☐ Change ☒ Addition  
 NAME **Magin, Mike**  
 STREET ADDRESS **1820 Gulf Shore Blvd. N., #M**  
 CITY-ST-ZIP **Naples, FL**

TITLE **VD** ☐ Delete  
 NAME **PARKER, MERLE**  
 STREET ADDRESS **1820 GULFSHORE BLVD N #E**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **T/D** ☒ Change ☐ Addition  
 NAME **Parker, Merle**  
 STREET ADDRESS **1820 Gulf Shore Blvd.N., #E**  
 CITY-ST-ZIP **Naples, FL**

TITLE **TD** ☐ Delete  
 NAME **WILSON, GLEN**  
 STREET ADDRESS **1820 GULFSHORE BLVD N #H**  
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **P/D** ☒ Change ☐ Addition  
 NAME **Wilson, Glen**  
 STREET ADDRESS **1820 Gulf Shore Blvd. N., #Q**  
 CITY-ST-ZIP **Naples, FL**

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:

*Janice Rosenthal*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANICE ROSENTHAL**

**4/12/01**

Date

**941-434-7447**

Daytime Phone #

CR2E037 (10/00)