

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708072

1. Entity Name

KINGSTON CLUB, INCORPORATED

FILED

Apr 29, 2002 8:00 am  
Secretary of State

04-29-2002 90199 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

%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

Zip

Country

Zip

Country

4. FEI Number

59-1210544

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

BECKR AND PILIAKOFF-PA  
3003 TAMiami TR N STE 210  
NAPLES FL 34103

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

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)

59-1210544

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	D	ROSENTHAL, JANICE	<input type="checkbox"/> Delete
NAME		1820 GULF SHORE BLVD N #N	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE	SD	BROWN, DONALD	<input type="checkbox"/> Delete
NAME		1820 GULF SHORE BV N #N	
STREET ADDRESS		NAPLES FL	
CITY-ST-ZIP			
TITLE	VD	MAGIN, MIKE	<input type="checkbox"/> Delete
NAME		1820 GULF SHORE BV N #M	
STREET ADDRESS		NAPLES FL	
CITY-ST-ZIP			
TITLE	TD	PARKER, MERLE	<input type="checkbox"/> Delete
NAME		1820 GULF SHORE BLVD N #E	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE	PD	WILSON, GLEN	<input type="checkbox"/> Delete
NAME		1820 GULF SHORE BV N #Q	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S/T/D	Brown, Donald	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1820 Gulf Shore Blvd. N., #N	
STREET ADDRESS		Naples, FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	Parker, Merle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1820 Gulf Shore Blvd. N., #E	
STREET ADDRESS		Naples, FL	
CITY-ST-ZIP			
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:

*Michael R. Magin* *MICHAEL R. MAGIN* 4/12/02 941-262-5042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)