

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**  
 03-14-2000 90034 035 \*\*\*\*61.25

**DOCUMENT # 708386**

1. Entity Name

**NAPLES SHELL CLUB, INC.**

Principal Place of Business

Mailing Address

16 ZIRCON DR  
 NAPLES FL 34114  
 US

16 ZIRCON DR  
 NAPLES FL 34114-8203  
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 1991  
 Suite, Apt. #, etc.

P.O. Box 1991  
 Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34106

Country

Collier

Zip

34106

Country

Collier

4. FEI Number

65-0411255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

SAWYEL, MILO  
 16 ZIRCON DR  
 NAPLES FL 34114

7. Name and Address of New Registered Agent

Name President (Gary W. Schmelz)

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

5575 12th Ave SW

City

Naples

FL

Zip Code

34116

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

March 9, 2000

**FILE NOW:**  
**FEES 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	VP	<input type="checkbox"/> Delete
NAME	SCHMELZ, GARY W	
STREET ADDRESS	5575-12TH AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	<del>P</del>	<input type="checkbox"/> Delete
NAME	<del>SAWYEL, MILO</del>	
STREET ADDRESS	<del>16 ZIRCON DR</del>	
CITY-ST-ZIP	<del>NAPLES FL 34114</del>	
TITLE	<del>T</del>	<input type="checkbox"/> Delete
NAME	<del>VANDEGRIFT, ANITA</del>	
STREET ADDRESS	<del>9091 LAS MADERAS DR 102</del>	
CITY-ST-ZIP	<del>BONITA SPRGS FL 34135</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>TENNETLT, MARY</del>	
STREET ADDRESS	<del>24 HERITAGE WAY</del>	
CITY-ST-ZIP	<del>NAPLES-FL 34110</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>MURPHY, GLORIA</del>	
STREET ADDRESS	<del>3000 GULFSHORE BLVD., NORTH #306</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>ROUX, HOWARD S.</del>	
STREET ADDRESS	<del>152 CORAL VINE DRIVE</del>	
CITY-ST-ZIP	<del>NAPLES FL</del>	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schmelz, Gary W.	
STREET ADDRESS	5575 12th Ave SW	
CITY-ST-ZIP	Naples, FL	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renner, Pat	
STREET ADDRESS	2340 SNOOK DRIVE	
CITY-ST-ZIP	Naples Florida 34102	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanders, Lydia	
STREET ADDRESS	77 San Remo Circle	
CITY-ST-ZIP	Naples, Florida 34112	
TITLE	Sheerin, Walter	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3940 Leeward Passage Ct.	
STREET ADDRESS	#204	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	Schwartz, Edna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5887 Cobblestone Lane	
STREET ADDRESS	#8201	
CITY-ST-ZIP	Naples, Florida 34112	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roux, Howard	
STREET ADDRESS	152 Coral Vine Drive	
CITY-ST-ZIP	Naples, Florida 34110	

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:

**RECEIVED**

March 9, 2000 (941) 55-4984

CR2E037 (9/99)