

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90166 013 \*\*\*\*61.25

**DOCUMENT # 708389**

1. Entity Name

**NAPLES SAILING AND YACHT CLUB, INCORPORATED**



Principal Place of Business

**896 RIVER POINT DRIVE  
NAPLES FL 34102**

Mailing Address

**896 RIVER POINT DRIVE  
NAPLES FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-6213933**

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

**E. L. PROFFITT  
896 RIVER POINT DRIVE  
NAPLES FL 33942**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |                                            |
|----------------|-----------------------------|--------------------------------------------|
| TITLE          | TD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | CABEZAS, ROBERT             |                                            |
| STREET ADDRESS | 26441 SUMMER GREENS DRIVE   |                                            |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34135     |                                            |
| TITLE          | RD                          | <input type="checkbox"/> Delete            |
| NAME           | HUBBARD, DONALD             |                                            |
| STREET ADDRESS | 215 COLONADE CIR.           |                                            |
| CITY-ST-ZIP    | NAPLES FL 34103             |                                            |
| TITLE          | SD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | METCALF, GEORGE R           |                                            |
| STREET ADDRESS | 8430 ABBINGTON CIRCLE, C-34 |                                            |
| CITY-ST-ZIP    | NAPLES FL 34108             |                                            |
| TITLE          | C                           | <input checked="" type="checkbox"/> Delete |
| NAME           | NORDHOFF, DAVID             |                                            |
| STREET ADDRESS | 8420 ABBINGTON CIR B11      |                                            |
| CITY-ST-ZIP    | NAPLES FL 34102             |                                            |
| TITLE          | VC                          | <input type="checkbox"/> Delete            |
| NAME           | HARKINS, JOHN               |                                            |
| STREET ADDRESS | 2515 DAY LILY PLACE         |                                            |
| CITY-ST-ZIP    | NAPLES FL 34105             |                                            |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |                                            |
| STREET ADDRESS |                             |                                            |
| CITY-ST-ZIP    |                             |                                            |

|                |                       |                                                                              |
|----------------|-----------------------|------------------------------------------------------------------------------|
| TITLE          | RD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | REAR COMMANDER        |                                                                              |
| STREET ADDRESS | CHRISTOPHER ROBERTS   |                                                                              |
| CITY-ST-ZIP    | 12502 COLLIER RESERVE |                                                                              |
|                | NAPLES FL 34110       |                                                                              |
| TITLE          | VD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | VICE COMMANDER        |                                                                              |
| STREET ADDRESS | DONALD HUBBARD        |                                                                              |
| CITY-ST-ZIP    | 215 COLONADE CIR.     |                                                                              |
|                | NAPLES, FL 34103      |                                                                              |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |                                                                              |
| STREET ADDRESS |                       |                                                                              |
| CITY-ST-ZIP    |                       |                                                                              |
| TITLE          | SD                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SECRETARY/DIRECTOR    |                                                                              |
| STREET ADDRESS | WILLIAM GRAFSTROM     |                                                                              |
| CITY-ST-ZIP    | 717 WOODHAVEN LANE    |                                                                              |
|                | NAPLES, FL 34108      |                                                                              |
| TITLE          | CD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | COMMODORE             |                                                                              |
| STREET ADDRESS | JOHN HARKINS          |                                                                              |
| CITY-ST-ZIP    | 2515 DAY LILY PLACE   |                                                                              |
|                | NAPLES, FL 34105      |                                                                              |
| TITLE          | T                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | TREASURER             |                                                                              |
| STREET ADDRESS | JULES ALLEN           |                                                                              |
| CITY-ST-ZIP    | 2717 BUCKTHORN WAY    |                                                                              |
|                | NAPLES, FL 34105      |                                                                              |

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/24/2003 239-774-0424**

Date

Daytime Phone #

CR2E037 (10/02)