

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715454

1. Entity Name

THE EXECUTIVE CLUB OF NAPLES, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90199 045 ****61.25

Principal Place of Business

3300 GULF SHORE BLVD., NO.
NAPLES FL 33940

Mailing Address

3300 GULF SHORE BLVD., NO.
NAPLES FL 33940

2. Principal Place of Business

3300 GULF SHORE BLVD N
NAPLES, FL 34103

3. Mailing Address

3300 GULF SHORE BLVD, N.
NAPLES, FL 34103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-1291904

Applied For

Not Applicable

Zip

34103

Country

Zip

34103

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ADAMS, JOSEPH E
13515 BELL TOWER DRIVE STE 101
SUITE 101
FT MYERS FL 33907

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	DS	<input type="checkbox"/> Delete
NAME	SHANNON, RIDGE	
STREET ADDRESS	3300 GULF SHORE BLVD., NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FAY, KATHLEEN	
STREET ADDRESS	3300 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAMBEAU, STEVEN D	
STREET ADDRESS	3300 GULF SHORE BLVD., NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, PATRICIA	
STREET ADDRESS	3300 GULF SHORE BLVD. N	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARRIS, REESE	
STREET ADDRESS	3300 GULF SHORE BLVD., NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BRYAN, RICHARD D	
STREET ADDRESS	3300 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL 34103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONID PRATT	
STREET ADDRESS	3300 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES, FL. 34103	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGGIE MARKS	
STREET ADDRESS	3300 GULF SHORE BLVD. N.	
CITY-ST-ZIP	NAPLES, FL. 34103	
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: *Ridge Shannon* RIDGE SHANNON, SECRETARY 4/26/01 (941) 261-0693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)