

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90259 029 *****61.25

DOCUMENT # 715454

1. Entity Name
THE EXECUTIVE CLUB OF NAPLES, INC.



Principal Place of Business
**3300 GULF SHORE BLVD NORTH
NAPLES FL 34103
US**

Mailing Address
**3300 GULF SHORE BLVD NORTH
NAPLES FL 34103
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 110339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

4. FEI Number **59-1291904**

Applied For

Not Applicable

Zip Country

34108 US

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

~~ADAMS, JOSEPH E~~
~~43515 BELL TOWER DRIVE STE 101~~
~~SUITE 101~~
~~FT MYERS FL 33907~~

Name **Beverly Kueter**
Street Address (P.O. Box Number is Not Acceptable)
410 SUNBURST Mgmt. Corp.
4306 Arnold Ave.
City **NAPLES** FL Zip Code **34104**

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 *Beverly Kueter*
Signature, typed or printed name of registered agent and title if applicable

Beverly Kueter
(NOTE: Registered Agent signature required when reinstating)

4/14/03
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 **DP** ☐ Delete
NAME **QUINN, JOHN**
STREET ADDRESS **3300 GULF SHORE BLVD., NORTH**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **JERSILD, HAROLD J**
STREET ADDRESS **3300 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CHAMBEAU, STEVEN D**
STREET ADDRESS **3300 GULF SHORE BLVD., NORTH**
CITY-ST-ZIP **NAPLES FL**

TITLE **DS** ☐ Change ☒ Addition
NAME **ROSENTHAL, HENRY**
STREET ADDRESS **3300 GULF SHORE BLVD. N. #307**
CITY-ST-ZIP **NAPLES, FL**

TITLE **TD** ☐ Delete
NAME **PRATT, LEONID**
STREET ADDRESS **3300 GULF SHORE BLVD. N**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HARRIS, REESE**
STREET ADDRESS **3300 GULF SHORE BLVD., NORTH**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **BRYAN, RICHARD D**
STREET ADDRESS **3300 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES FL 34103**

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: *John Quinn*
SIGNATURE REQUIRED

4/14/03 239-263-7403

CR2E037 (10/02)