

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90064 010 \*\*\*\*70.00

**DOCUMENT # 715763**

1. Entity Name

**VANDERBILT BEACH PROPERTY OWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

**JOHN THE EVANGELIST PLC**  
**13 11TH AVE N**  
**NAPLES FL 34108**  
**US**

~~450 TRADEWINDS AVENUE~~  
~~NAPLES FL 34108~~  
~~US~~

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 71320**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NAPLES - FL**

4. FEI Number

**59-6519724**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34107**

**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

**LYDON, JEAN**  
**450 TRADEWINDS AVE**  
**NAPLES FL 34108**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	<del>MELO, CARLES</del>	
STREET ADDRESS	<del>481 BAYSIDE AVE</del>	
CITY-ST-ZIP	<del>NAPLES FL 34108</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYDON, JEAN	
STREET ADDRESS	450 TRADEWINDS AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLACKLIDGE, MICHAEL	
STREET ADDRESS	348 FLAMINGO AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LYDON, RICHARD E	
STREET ADDRESS	450 TRADEWINDS AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIETT, LINK	
STREET ADDRESS	492 GERMAN	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	YARUSEVICH, ALAN	
STREET ADDRESS	495 TRADEWINDS AVENUE	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK HALAS	
STREET ADDRESS	405 FLAMINGO AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	V.P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BJ BOYER	
STREET ADDRESS	479 PALM AV	
CITY-ST-ZIP	34108	
TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE GRAY	
STREET ADDRESS	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN STIEFEL	
STREET ADDRESS	NAPLES FL 34108	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. WEYL	
STREET ADDRESS	478 WHILLET AV	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREW HILL	
STREET ADDRESS	405 GERMAN AV	
CITY-ST-ZIP	NAPLES FL 34108	

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-10-02**

**941-5972746**

CR2E037 (9/01)