

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0005089

DOCUMENT # 716504

1. Entity Name

MARTINIQUE CLUB OF NAPLES, INC.

05-02-2001 90086 022 *****61.25

Principal Place of Business

**3003 GULF SHORE BLVD N.
 NAPLES FLA 34103
 US**

Mailing Address

**C/O MELDON CONSULTANTS
 800 HARBOUR DR
 NAPLES FL 34103
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1374818

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

**MELDON, THOMAS E
 C/O MELDON CONSULTANTS
 800 HARBOUR DR
 NAPLES FL 34103**

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 **D** ☒ Delete
 NAME **JORDAN, RICHARD J**
 STREET ADDRESS **11828 SUNSET GROVE COURT**
 CITY-ST-ZIP **ST LOUIS MO 63127**

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

TITLE **DS** ☐ Delete
 NAME **JONES, SHIRLEY**
 STREET ADDRESS **1400 INWOODS CIRCLE**
 CITY-ST-ZIP **BLOOMFIELD HILLS MI 43551**

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

TITLE **D** ☐ Delete
 NAME **ZIEMS, THOMAS**
 STREET ADDRESS **10581 SPRING MILL LANE**
 CITY-ST-ZIP **PERRYSBURG OH 43551**

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

TITLE **DP** ☐ Delete
 NAME **TYRELL, GERALD J**
 STREET ADDRESS **24 STEEP HILL RD**
 CITY-ST-ZIP **WESTON CT 06883**

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

TITLE **DVP** ☐ Delete
 NAME **CRAWFORD, SHELIA**
 STREET ADDRESS **3029 WYNFIELD MEWS LANE**
 CITY-ST-ZIP **LOUISVILLE KY 40206**

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

TITLE **T** ☐ Delete
 NAME **ROUBINEK, GARY**
 STREET ADDRESS **3 QUEENS PEAK**
 CITY-ST-ZIP **CANTON CT 06019**

TITLE **DT** ☒ 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, which is not otherwise empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)