

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90523 036 ****61.25

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DOCUMENT # 716504

1. Entity Name

MARTINIQUE CLUB OF NAPLES, INC.



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

☐ CHECK HERE IF MAKING CHANGES

11018115



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. 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 ☐ Delete
NAME **T BARNES, WILLIAM**
STREET ADDRESS **1001 NORTH OAKDEN AVE.**
CITY-ST-ZIP **MUNCIE IN 47304**

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

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

TITLE ☐ Change ☒ Addition
NAME **DS HAMMER, CYNTHIA**
STREET ADDRESS **3003 GULF SHORE BLVD. N. #303**
CITY-ST-ZIP **NAPLES, FL 34103**

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

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

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

TITLE ☐ Change ☒ Addition
NAME **D BISHOP, STUART**
STREET ADDRESS **3903 CHISELHURST ROAD**
CITY-ST-ZIP **COLUMBUS, OH 43220**

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

TITLE ☒ Change ☐ Addition
NAME **VPD**
STREET ADDRESS **3003 GULF SHORE BLVD. N. #303**
CITY-ST-ZIP **NAPLES, FL 34103**

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: **GARY ROUBINEK**

4/24/03

239-261-4707

CR2E037 (10/02)