

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90018 013 ****61.25

DOCUMENT # 717058

1. Entity Name

NAPLES MIMOSA CLUB, INC.

Principal Place of Business

Mailing Address

1900 ALAMANDA DR.
 NAPLES FL 34102
 US

% ACCOUNTING & TAX ASSOCIATES OF NAPLES
 802 ANCHOR RODE DR.
 NAPLES FL 34103-2739
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1376046

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

HUDSON, DAVID J
C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES
802 ANCHOR RODE DRIVE
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 **DP** Delete
 NAME **COOK, CAROLYN**
 STREET ADDRESS **1900 ALAMANDA DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE **President** Change Addition
 NAME **Don Keator**
 STREET ADDRESS **1900 Alamanda Dr.#107**
 CITY-ST-ZIP **Naples, Fl. 34102**

TITLE **DS** Delete
 NAME **ANDREWS, JOAN**
 STREET ADDRESS **1900 ALAMANDA DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **BUONO, PHILIP**
 STREET ADDRESS **2140 LAURE CONAN AVE.**
 CITY-ST-ZIP **MONTREAL, QUEBEC**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** Delete
 NAME **STRINGHOLT, PHILLIP**
 STREET ADDRESS **1900 ALAMANDA DR.**
 CITY-ST-ZIP **NAPLES FL 34102**

TITLE **D** Change Addition
 NAME **Vince Funk**
 STREET ADDRESS **1900 Alamanda Dr. 307**
 CITY-ST-ZIP **Naples, Florida 34102**

TITLE **DVP** Delete
 NAME **SHEA, WILLIAM**
 STREET ADDRESS **1900 ALAMANDA DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE **D** Change Addition
 NAME **Frank O'Connor**
 STREET ADDRESS **1900 Alamanda Dr., #106**
 CITY-ST-ZIP **Naples, Fl. 34102**

TITLE **DVP** Delete
 NAME **DUGENE, HALL**
 STREET ADDRESS **1900 ALAMANDA DR.**
 CITY-ST-ZIP **NAPLES FL 34102**

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: ✓ **SIGNATURE REQUIRED BUONO** ✓ 3/21/2000 ✓ 941.434.8716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)