

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90030 021 ****61.25

DOCUMENT # 717058

1. Entity Name
NAPLES MIMOSA CLUB, INC.

Principal Place of Business 1900 ALAMANDA DR. NAPLES FL 34102 US	Mailing Address % ACCOUNTING & TAX ASSOCIATES OF NAPLES 802 ANCHOR RODE DR. NAPLES FL 34103-739 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-1376046	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent
**HUDSON, DAVID J
 C/O ACCOUNTING & TAX ASSOCIATES OF NAPLES
 802 ANCHOR RODE DRIVE
 NAPLES FL 34103**

7. Name and Address of New Registered Agent
 Name **Malcolm Bluemel**
 Street Address (P.O. Box Number is Not Acceptable)
**c/o Accounting & Tax Associates of Naples
 802 Anchor Rode Drive**
 City **Naples** FL Zip Code **34103**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME P KEATOR, DON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1900 ALAMANDA DR # 107	
CITY-ST-ZIP NAPLES FL 34102	
TITLE NAME DS ANDREWS, JOAN	<input type="checkbox"/> Delete
STREET ADDRESS 1900 ALAMANDA DRIVE	
CITY-ST-ZIP NAPLES FL	
TITLE NAME TD BUONO, PHILIP	<input type="checkbox"/> Delete
STREET ADDRESS 2140 LAURE CONAN AVE.	
CITY-ST-ZIP MONTREAL, QUEBEC	
TITLE NAME D FUNK, VINCE	<input type="checkbox"/> Delete
STREET ADDRESS 1900 ALAMANDRA DR 307	
CITY-ST-ZIP NAPLES FL 34102	
TITLE NAME D O'CONNOR, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS 1900 ALAMANDA DR #106	
CITY-ST-ZIP NAPLES FL 34102	
TITLE NAME DVP DUGENE, HALL	<input type="checkbox"/> Delete
STREET ADDRESS 1900 ALAMANDA DR.	
CITY-ST-ZIP NAPLES FL 34102	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01 941-6491354
Date Daytime Phone #

CR2E037 (10/00)