

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90016 009 ****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

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

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLUEMEL, MALCOLM
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 _____ 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Frank O'Connor / FRANK O'CONNOR Date: 2/18/02 Daytime Phone #: 941-262-0383

CR2E037 (9/01)