

2000 UNIFORM BUSINESS REPORT (UBR)

1/28/00-90086-026-\$61.25-\$61.25

DOCUMENT # 717587

1. Entity Name

M. T. CLUB, INC.

FILED

00 MAR -2 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

60 WEST PELICAN ST.
ISLES OF CAPRI
NAPLES FL 33962

60 WEST PELICAN ST.
ISLES OF CAPRI
NAPLES FL 34113-4056



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1439515

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HUMPHREVILLE, JOHN D
QUARLES & BRADY
4501 TAMiami TRl N, #300
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	PD	<input type="checkbox"/> Delete
NAME	REMLEY, FRANK	
STREET ADDRESS	60 W PELICAN ST 501	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THRASH, CLYDE	
STREET ADDRESS	60 W PELICAN ST 405	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	INNIS, ANNA	
STREET ADDRESS	60 W PELICAN ST 307	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BETZ, ANN MARIE	
STREET ADDRESS	60 W PELICAN ST, #804	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	MD	<input type="checkbox"/> Delete
NAME	ALLEN, LILLIAN G	
STREET ADDRESS	60 W PELICAN ST, #108	
CITY-ST-ZIP	NAPLES FL 34113	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SIMON, LEE	
STREET ADDRESS	60 W PELICAN ST 306	
CITY-ST-ZIP	NAPLES FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Machesney, James	
STREET ADDRESS	60 W Pelican St 304	
CITY-ST-ZIP	Naples, FL 34113	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" 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:

SIGNATURE REQUIRED

Frank M. Remley 2/28/00 941-394-3058

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)