

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90489 030 \*\*\*\*61.25

DOCUMENT # 720683

1. Entity Name

BELAIR CLUB, INC.



**DO NOT WRITE IN THIS SPACE**

90099421

2. Principal Place of Business

3930 Belair Lane

Suite, Apt. #, etc.

3. Mailing Address

745 12<sup>th</sup> Avenue South

Suite, Apt. #, etc.

Ste. AA

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-2150063

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34102

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Moore Property Management, Inc.

Street Address (P.O. Box Number is Not Acceptable)

745-12<sup>th</sup> Avenue South, Suite AA

City

Naples

FL

Zip Code

34102

**DO NOT WRITE  
IN THIS SPACE**

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 transferring)

DATE

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Jim Cron
STREET ADDRESS	3930 Belair Lane #103
CITY- ST- ZIP	Naples, FL 34102
TITLE	DVP
NAME	Bob Howard
STREET ADDRESS	3930 Belair Lane #106
CITY- ST- ZIP	Naples, FL 34102
TITLE	DT
NAME	Betsy Hamilton
STREET ADDRESS	3930 Belair Lane #104
CITY- ST- ZIP	Naples, FL 34102
TITLE	D
NAME	John Pavak
STREET ADDRESS	3930 Belair Lane #105
CITY- ST- ZIP	Naples, FL 34102
TITLE	D
NAME	Patricia Baranowski
STREET ADDRESS	3930 Belair Lane #101
CITY- ST- ZIP	Naples, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with or without like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/03

231 242 5057

CR2E037B (12/02)