

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723391

1. Entity Name

SUNSET OPTIMIST CLUB OF NAPLES, INC.

Principal Place of Business

930 CIRANDA CT
MARCO ISLAND FL 34145

Mailing Address

930 CIRANDA CT
MARCO ISLAND FL 34145

2. Principal Place of Business

2150 Gulf Shore Blvd.

Suite, Apt. #, etc.

#701

City & State

Naples, FL

Zip

34102

Country

US

3. Mailing Address

2150 Gulf Shore Blvd.

Suite, Apt. #, etc.

#701

City & State

Naples, FL

Zip

34102

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7165756

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCOTT, EDWARD

930 CIRANDA CT

MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

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

4/19/02

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 D ☐ Delete
NAME HILL, CHRIS
STREET ADDRESS 4634 LAKEWOOD BLVD
CITY-ST-ZIP NAPLES FL 34112

TITLE D ☐ Delete
NAME HUGHES, JEFFREY
STREET ADDRESS 3001 49TH ST S.W.
CITY-ST-ZIP NAPLES FL 34116

TITLE STD ☐ Delete
NAME SCOTT, EDWARD
STREET ADDRESS 5980 GREEN BLVD
CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Dir. Hill, Chris
STREET ADDRESS 5980 Green Blvd.
CITY-ST-ZIP Naples, FL 34116

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Dir. Scott, Edward
STREET ADDRESS 930 Giralda Ct
CITY-ST-ZIP Marco Island, FL 34145

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/02

239 642 7424