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## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Mar 28, 2001 8:00 am **DOCUMENT # 728372 Secretary of State** HIGH POINT COUNTRY CLUB, GROUP EIGHT, INC. 03-28-2001 90187 023 \*\*\*\*61.25 Principal Place of Business Mailing Address 17 HIGH POINT CIRCLE 2335 9T ST N NAPLES FL 34103 STE 504 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1977501 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GULF VIEW PROPERTY MANAGEMENT, INC. 2335 9TH ST N STE 504 Zip Code NAPLES FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Addition TITLE Delete TITLE ☐ Change PETERS, MARLENE NAME NAME STREET ADDRESS STREET ADDRESS 17 HIGHPOINT CIRCLE #309 CITY-ST-ZIP CITY-ST-7IP NAPLES, FL 00000 TITLE V P/D Addition TITLE ☐ Delete Change CAWTHRA, MARION NAME NAME STREET ADDRESS 17 HIGH POINT CIR. N.,#304 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF NAPLES FL 34103 TITLE TITLE Delete Change ▼ Addition D Kohlmann, Keith NAME RICHMAN, KEN NAME 17 High Point Cir. N. #102 STREET ADDRESS 17 HIGH POINT CIRCLE #208 STREET ADDRESS Naples, Fl. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE Delete TITLE ☐ Change ☐ Addition NAME SMITH, BOB NAME STREET ADDRESS 17 HIGH POINT CIRCLE NORTH #206 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE T/D TITLE 🗖 Delete ☐ Change Addition RODDY, FRAN NAME Lilly, Edward STREET ADDRESS STREET ADDRESS 17 HIGH POINT CIR., 201 17 High Point Cir. N. #205 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE P/D TITLE Delete ☐ Change ☐ Addition NOVOTNY, RUTH NAME STREET ADDRESS 17 HIGH POINT CIR N., #204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103

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.

121/01 94/-403-7991



2335 Tamiami Trail N., Suite 504 • Naples, FL 34103

3-26-01

Cont.

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D Calvarese, Phillip 17 HIgh Point Cir. N. #104 Naples, Fl. 34103