2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 21, 2001 8:00 am
Secretary of State
08-22-2001 90001 009 ****61.25

DOCUMENT # 730071

1. Entity Name

CLAM COURT CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1510 BLUEPOINT AVE. APT. 2 NAPLES FL 33962	1510 BLUEPOINT AVE. APT. 2 NAPLES FL 33962

78693

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1195 Clam Ct.	1195 Clam Ct.
Suite, Apt. #, etc.: #201	Suite, Apt. #, etc.: #201
City & State: Naples Fl.	City & State: Naples Fl.
Zip: 34102 Country: US	Zip: 34102 Country: US

4. FEI Number 59-1655374 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VANDER ZEE, CLEMENTS
1510 BLUEPOINT AVENUE
APT. 2
NAPLES FL 33962

7. Name and Address of New Registered Agent

Name: Aaron Hubbell
Street Address (P.O. Box Number is Not Acceptable): 1195 Clam Ct. #201
City: Naples FL Zip Code: 34102

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: Aaron Hubbell — Aaron Hubbell — 8-15-01
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
After September 12, 2001, min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VANDERZEE, CLEMENTS P 1510 BLUEPOINT AVE., APT. 2 NAPLES FL 33962	☒ Delete	PD Larry Liss 1195 Clam Ct. #101 Naples Fl. 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUBBELL, AARON 1195 CLAM COURT #201 NAPLES FL 34102	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUBBELL, KAREN 1195 CLAM COURT #201 NAPLES FL 34102	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HUBBELL, KAREN 1195 CLAM COURT #201 NAPLES FL 34102	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUSICH, TOM 1195 CLAM COURT #203 NAPLES FL 34102	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (5/01)

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 REQUIRED — 8-15-01 — 941-793-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #