

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90064 032 ****61.25

DOCUMENT # 730094

1. Entity Name

NAPLES BAY CLUB, INC.

Principal Place of Business

**800 RIVER POINT DR
 NAPLES FL 34102
 US**

Mailing Address

**C/O GULF VIEW PROP.
 2335 TAMiami TRAIL 504
 NAPLES FL 34103
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2235790

Applied For

Not Applicable

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

**WAGNER, THERESE A.
 GULF VIEW PROPERTY MANAGEMENT
 2335 TAMiami TRAIL N #504
 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 NAME STREET ADDRESS CITY-ST-ZIP	PD AZMAN, ROBERT 800 RIVER POINT DR #210 NAPLES FL 34102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHIS, MARY 800 RIVER POINT DRIVE #316 NAPLES FL 34102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POPPERT, HELEN 800 RIVER POINT DRIVE #211 NAPLES FL 34102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARNOLD, MARSHALL 800 RIVER POINT DRIVE #211 NAPLES FL 34102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOSIDOWSKI, HANK 800 RIVER POINT DRIVE #535 NAPLES FL 34102	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *Robert A. Azman* **REQUIRED** *Robert A. Azman* *03/14/01* *941-793-2883*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)