## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # 730384 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name NAPLES LARCHMONT CLUB, INC. 04-17-2000 90032 031 \*\*\*\*61.25 Mailing Address Principal Place of Business 745 12TH AVE. S. 745 12TH AVE S. SUITE D SUITE D NAPLES FL 34102-7376 NAPLES FL 33940 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1031999 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .. 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MOORE PROPERTY MANAGEMENT 745 2TH AVE S. SUITE D Zip Code City FL NAPLES FL 33940 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME BATTY, KATHERINE NAME STREET ADDRESS 341 6TH ST NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naples fl ☐ Addition Change PD Delete TITLE TITLE NAME SCHMITT, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 16 WINCHESTER RD. CITY-ST-ZIP CITY-ST-ZIP CHICAGO HGT. IL ☐ Addition ☐ Change TITLE ☐ Delete TITLE WESTWATER, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 319 6TH ST. SOUTH CITY-ST-ZIP CITY-ST-ZIP naples fl ☐ Change ☐ Addition Delete SD TITLE TITLE NAME NAME ULRICH, RICHARD STREET ADDRESS STREET ADDRESS 339 6TH ST SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 00000 ☐ Change ☐ Addition TITLE Delete TITLE PLESEK, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 3376 6TH ST. S. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustage empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LARRY S Chmitt 4/11/00 94/262 505/