

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 730384**

1. Entity Name

**NAPLES LARCHMONT CLUB, INC.**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90032 031 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

745 12TH AVE S.  
 SUITE D  
 NAPLES FL 33940  
 US

745 12TH AVE. S.  
 SUITE D  
 NAPLES FL 34102-7376  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1031999**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MOORE PROPERTY MANAGEMENT**  
**745 2TH AVE S.**  
**SUITE D**  
**NAPLES FL 33940**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BATTY, KATHERINE</b>	
STREET ADDRESS	<b>341 6TH ST NORTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHMITT, LAWRENCE</b>	
STREET ADDRESS	<b>16 WINCHESTER RD.</b>	
CITY-ST-ZIP	<b>CHICAGO HGT. IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WESTWATER, GEORGE</b>	
STREET ADDRESS	<b>319 6TH ST. SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ULRICH, RICHARD</b>	
STREET ADDRESS	<b>339 6TH ST SOUTH</b>	
CITY-ST-ZIP	<b>NAPLES, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>PLESEK, LAWRENCE</b>	
STREET ADDRESS	<b>3376 6TH ST. S.</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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: *Larry Schmitt* **Larry Schmitt** 4/17/00 941262 5051  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)