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2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am Secretary of State **DOCUMENT # 730384** 1. Entity Name 05-02-2001 90219 009 ****61.25 NAPLES LARCHMONT CLUB, INC. Principal Place of Business Mailing Address 745 12TH AVE S. 745 12TH AVE. S. SUITE D SUITE D NAPLES FL 33940 NAPLES FL 33940 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 59-1031999 Not Applicable Zip Country 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 Name Street Address (P.O. Box Number is Not Acceptable) MOORE PROPERTY MANAGEMENT 745 2TH AVE S. SUITE D City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BATTY, KATHERINE STREET ADDRESS STREET ADDRESS 341 6TH ST NORTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change Addition TITLE ☐ Delete TITLE SCHMITT, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 16 WINCHESTER RD. -CITY-ST-ZIP CITY-ST-ZIP CHICAGO HGT. IL TITLE Delete TITI F ☐ Change ☐ Addition WESTWATER, GEORGE NAME STREET ADDRESS STREET ADDRESS 319 6TH ST. SOUTH CITY-ST-ZIP CITY-ST-ZIP NAPLES FL SD ☐ Change ☐ Addition ☐ Delete NAME ULRICH, RICHARD NAME STREET ADDRESS 339 6TH ST SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 00000 ☐ Delete ☐ Addition TITLE ☐ Change PLESEK, LAWRENCE NAME STREET ADDRESS STREET ADDRESS 3376 6TH ST. S. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

^{12.} I hereby certify that the information supplied with this filling 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.