

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90061 035 \*\*\*\*61.25

**DOCUMENT # 730384**

1. Entity Name

**NAPLES LARCHMONT CLUB, INC.**

Principal Place of Business

Mailing Address

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

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

**59-1031999**

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

**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

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

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim COCKER	
STREET ADDRESS	327 6th ST. S.	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert TOMASSO	
STREET ADDRESS	1095 8th Ave. N.	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sally Abbott	
STREET ADDRESS	315 6th ST. S.	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angelina Plesek	
STREET ADDRESS	337 6th ST. S.	
CITY-ST-ZIP	NAPLES, FL 34102	
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:

SIGNATURE REQUIRED

1/9/02

941 262 5251

Date

Daytime Phone #

CR2E037 (9/01)