2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State
04-03-2003 90155 016 ****61.25

DOCUMENT # 732784

1. Entity Name

NAPLES BATH AND TENNIS CLUB, UNIT F, INC.

Principal Place of Business	Mailing Address
~~2685 HORSESHOE DR SOUTH #215~~ NAPLES FL 34104 US	~~2685 HORSESHOE DR SOUTH #215~~ NAPLES FL 34104 US

X CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3050 N. Horseshoe DR	3050 N. Horseshoe DR
Suite, Apt. #, etc. #172	Suite, Apt. #, etc. #172
City & State Naples FL	City & State Naples FL
Zip 34104 Country US	Zip 34104 Country US

4. FEI Number 31-1030029 ☐ 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
GRIEB, MARY 417 MEADOWLARK LANE NAPLES FL 34105	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Grieb 3/31/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GILLESPIE, JACKIE 421A MEADOWLARK NAPLES FL 34105	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BOOKER, WILLIAM 419 MEADOWLARK LN Naples FL 34105	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCCREE, JEANNIE 410 A MEADOWLARK LANE NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRIEB, MARY 417 MEADOWLARK LANE NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Mary Grieb REQUIRED 3/31/03 2394034006