

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 738444

1. Entity Name

MARKER 40 CLUB, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90020 044 ****61.25

Principal Place of Business

Mailing Address

% FLO ZIEGLER
1675 MULLETT COURT
NAPLES FL 34102
US

% FLO ZIEGLER
1675 MULLETT COURT
NAPLES FL 34102-1526
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% JAMES LAVINSKI

% JAMES LAVINSKI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

121 VERSAILLES CIR

121 VERSAILLES CIR

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34112

USA

34112

USA

4. FEI Number

59-1726231

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

ZIEGLER, FLO
1675 MULLETT COURT
NAPLES, FL 34102

Name

JAMES LAVINSKI

Street Address (P.O. Box Number is Not Acceptable)

121 VERSAILLES CIR

City

NAPLES

FL

Zip Code

34112

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

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

JAMES LAVINSKI

3-20-00

(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	P	<input checked="" type="checkbox"/> Delete
NAME	SHANAHAN, HOWARD	
STREET ADDRESS	2066 SNOOK DRIVE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISLER, ROBERT	
STREET ADDRESS	1200 CHARRYSTONE CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRODHEAD, GARY	
STREET ADDRESS	1200 CHERRYSTONE CT	
CITY-ST-ZIP	NAPLES FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ZIEGLER, FLO	
STREET ADDRESS	1675 MULLETT CT.	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOERY, ARNOLD	
STREET ADDRESS	7698 NAPLES HERITAGE DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES LAVINSKI	
STREET ADDRESS	121 VERSAILLES CIR	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDE VAULTIN	
STREET ADDRESS	2827 AINTREE LANE #101	
CITY-ST-ZIP	NAPLES, FL 34112	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

James Lavinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)