

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90094 016 ****61.25

DOCUMENT # 738954

1. Entity Name

NAPLES LAND YACHT HARBOR, INC.

Principal Place of Business

Mailing Address

2801 PALM ST
 NAPLES FL 34112

2801 PALM ST
 NAPLES FL 34112-8219

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1683568

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOSEPH E. ADAMS
COLLIER PLACE I, SUITE 210
3003 TAMiami TRAIL N
NAPLES FL 34103

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 **P** Delete
 NAME **SPYCHALSKI, ERNEST**
 STREET ADDRESS **321 PIER A**
 CITY-ST-ZIP **NAPLES FL**

TITLE **P** Change Addition
 NAME **Joann Klussman**
 STREET ADDRESS **22 Flooodee Dr**
 CITY-ST-ZIP **Naples, FL 34112**

TITLE **VP** Delete
 NAME **HAMM, JACK W**
 STREET ADDRESS **315 PIER C**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE **VP** Change Addition
 NAME **Donald Vetter**
 STREET ADDRESS **106 Pier J**
 CITY-ST-ZIP **Naples, FL 34112**

TITLE **S** Delete
 NAME **EICHSTEDT, LORRAINE**
 STREET ADDRESS **327 PIER A**
 CITY-ST-ZIP **NAPLES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BATES, JOAN**
 STREET ADDRESS **328 PIER C**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **VANDAL, ROALND**
 STREET ADDRESS **113 PIER A**
 CITY-ST-ZIP **NAPLES FL**

TITLE **T** Change Addition
 NAME **George Hussey**
 STREET ADDRESS **320 Pier C**
 CITY-ST-ZIP **Naples, FL 34112**

TITLE **D** Delete
 NAME **SEGERSON, JUNE**
 STREET ADDRESS **101 PIER E**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE Change Addition
 NAME **June Segerson**
 STREET ADDRESS **101 Pier E**
 CITY-ST-ZIP **Naples, FL 34112**

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:

George A. Hussey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **3/10/00** Daytime Phone # **941-774-5484**

CR2E037 (9/99)