

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90159 036 ****61.25

DOCUMENT # 743168

1. Entity Name

BEACHCOMBER CLUB, INC.

Principal Place of Business

Mailing Address

**3838 TAMiami TRAIL NORTH
STE. 402
NAPLES FL 34103**

**3838 TAMiami TRAIL NORTH
STE. 402
NAPLES FL 34103**

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

59-1498343

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

**CONROY, J. THOMAS
3838 TAMiami TRAIL NORTH
STE. 402
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DPT	KEPLEY, RICHARD B	1170 THIRD STREET S., STE. C206 NAPLES FL 34102	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DVS	CONROY, J. THOMAS III	3838 TAMiami TRAIL NORTH, STE. 402 NAPLES FL 34103	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	DV	NASHMAN, JAMES A	24840 BURNT PINE DR., STE. 2 BONITA SPRINGS FL 34134	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

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:

SIGNATURE REQUIRED

6/9/02 941-649,5200