

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

0066932

DOCUMENT # 759153

1. Entity Name

SAFETY HARBOR CLUB, INC.

03-29-2001 90354 029 ****61.25

Principal Place of Business-

Mailing Address

#1 HARBOR BEND DRIVE
 PINELAND FL 33945-9276

P.O. BOX 2276
 PINELAND FL 33945-9276

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

59-2196960

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

ADAMS, JOSEPH E ESQ.
BECKER & POLIAKOFF, P.A.
13515 BELL TOWER DRIVE, SUITE 101
FORT MYERS FL 33907

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** ☐ Delete
 NAME **ROGERS, MIKE**
 STREET ADDRESS **4121 S. SIMMIT LANE**
 CITY-ST-ZIP **COLUMBUS IN 47201**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ Delete
 NAME **SKINNER, DEB**
 STREET ADDRESS **POB 3051 'NA'**
 CITY-ST-ZIP **PINELAND FL 33945**

TITLE **S** ☒ Change ☐ Addition
 NAME **SKINNER, DEB**
 STREET ADDRESS **3914 WEST RIVERSIDE DRIVE**
 CITY-ST-ZIP **FORT MYERS, FL 33901**

TITLE **DM** ☒ Delete
 NAME **VOLPE, LOUIS M**
 STREET ADDRESS **69 TOWNHOUSE LANE**
 CITY-ST-ZIP **PINELAND FL 33945**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
 NAME **DIEFENBACH, ROBERT**
 STREET ADDRESS **235 BOSTON POST ROAD**
 CITY-ST-ZIP **RYE NY 10580**

TITLE **D** ☒ Change ☐ Addition
 NAME **DIEFENBACH, ROBERT**
 STREET ADDRESS **55 CENTRAL PARK WEST, 6F**
 CITY-ST-ZIP **NEW YORK, NY 10023**

TITLE **D** ☐ Delete
 NAME **FLAHERTY, RICHARD**
 STREET ADDRESS **217 20th AVENUE, N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

TITLE **VP** ☒ Change ☐ Addition
 NAME **FLAHERTY, RICHARD**
 STREET ADDRESS **217 20th AVENUE, N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

TITLE **D** ☒ Delete
 NAME **CUSICK, RALPH**
 STREET ADDRESS **POB 555**
 CITY-ST-ZIP **PINELAND, FL 33945**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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 President

3/26/01

202-483-4222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
93772
759153

D
SILVERSTEIN, LOUIS
45 BAYBERRY LANE
N. DARTMOUTH, MA 02747

D
MASON, ARTHUR
1824 PHELPS PLACE
WASHINGTON, DC 20008

D
HOLLEY, BEVERLY
386 WESTWINDS DRIVE
PALM HARBOR, FL 34683

P
MORTIMER, BETTY
POB 494 "NA"
PINELAND, FL 33945

VP
THURMAN, DAN
POB 358 "NA"
PINELAND, FL 33945

T
WALSH, MARILYN
#320 McCLURG COURT
CHICAGO, IL 60611

D
DONNELLY, KATHLEEN
POB 254 "NA"
PINELAND, FL 33945

D
HOBLIT, DON
POB 528 "NA"
PINELAND, FL 33945

D
WILDEMAN, ROY
65 OAK RIDGE DRIVE
HADDAM, CT 06438

Delete

Delete

1.2 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MASON, ARTHUR
2.3 STREET ADDRESS	1824 PHELPS PLACE
2.4 CITY-ST-ZIP	WASHINGTON, DC 20008
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D MORTIMER, BETTY
4.3 STREET ADDRESS	POB 494 "NA"
4.4 CITY-ST-ZIP	PINELAND, FL 33945
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	
7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.2 NAME	
7.3 STREET ADDRESS	
7.4 CITY-ST-ZIP	
8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8.2 NAME	
8.3 STREET ADDRESS	
8.4 CITY-ST-ZIP	
9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9.2 NAME	
9.3 STREET ADDRESS	
9.4 CITY-ST-ZIP	