

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759153

1. Entity Name

SAFETY HARBOR CLUB, INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90248 015 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

#1 HARBOR BEND DRIVE
PINELAND FL 33945-9276

Mailing Address

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 **S** ☐ Change ☒ Addition
NAME **CAROL CAPLE TARRIEL**
STREET ADDRESS **5319 PARK DRIVE**
CITY-ST-ZIP **VERMILION OH 44039**

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **VPD**
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DIEFENBACH, ROBERT**
STREET ADDRESS **55 CENTRAL PARK WEST 6TH FL**
CITY-ST-ZIP **NEW YORK NY 10023**

TITLE **T** ☒ Change ☐ Addition
NAME **MARILYN WALSH**
STREET ADDRESS **480 N. MCCLURG CT #320**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **VPD** ☒ Delete
NAME **FLAHERTY, RICHARD**
STREET ADDRESS **217 20TH AVE. N.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02
Date Daytime Phone #

CR2E037 (9/01)