

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90142 004 \*\*\*\*61.25

**DOCUMENT # 759153**

1. Entity Name

**SAFETY HARBOR CLUB, INC.**



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**

☒ CHECK HERE IF MAKING CHANGES

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

☒ Delete

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

☒ Delete

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

☐ Delete

TITLE **S**  
NAME **CAPLE TARRIER, CAROL**  
STREET ADDRESS **5319 PARK DRIVE**  
CITY-ST-ZIP **VERMILION OH 44039**

☐ Delete

TITLE **P**  
NAME **DIEFENBACH ROBERT**  
STREET ADDRESS **55 CENTRAL PARK WEST, 6F**  
CITY-ST-ZIP **NEW YORK NY 10023**

☐ Delete

TITLE **VP**  
NAME **WILDERMAN, ROY**  
STREET ADDRESS **PO BOX 3038**  
CITY-ST-ZIP **PINELAND FL 33945**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE **P**  
NAME **DIEFENBACH, ROBERT**  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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)(l), 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)