

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90081 031 ****61.25

DOCUMENT # 762962

1. Entity Name

MARCO SHORES ESTATES COMMUNITY CLUB, INC.

Principal Place of Business

Mailing Address

C/O JOSEPH SCHREMPF 17 QUEEN PALM DR
 NAPLES FL 33961

C/O JOSEPH SCHREMPF 17 QUEEN PALM DR
 NAPLES FL 33961

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

59-2402131

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

**SCHREMPF, JOSEPH
 17 QUEEN PALM DR.
 NAPLES FL 33961**

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	ARENS, WALTER	
STREET ADDRESS	235 ROBELINA PALM	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	VP	☒ Delete
NAME	DOE, BOB	
STREET ADDRESS	91 NORFOLK PINE LANE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE	S	☐ Delete
NAME	GRANGER, JOAN	
STREET ADDRESS	210 QUEEN PALM DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	☒ Delete
NAME	DOE, BARBARA	
STREET ADDRESS	GINORFOLK PINE LN	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☒ Delete
NAME	CONNER, PATRICIA	
STREET ADDRESS	5 QUEEN PALM DRIVE	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	D	☒ Delete
NAME	HERSHEY, BILL	
STREET ADDRESS	204 QUEEN PALM DR	
CITY-ST-ZIP	NAPLES FL 34114	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	☒ Change ☐ Addition
NAME	Lundquist, Bob	
STREET ADDRESS	490000 Palm Dr	
CITY-ST-ZIP	NAPLES, FL 34114	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	☒ Change ☐ Addition
NAME	Carol Newton	
STREET ADDRESS	197 Foxtail Palm Ln.	
CITY-ST-ZIP	Naples, Florida 34114	
TITLE	D	☒ Change ☐ Addition
NAME	MARY LOO Bush	
STREET ADDRESS	112 DATE PALM LANE	
CITY-ST-ZIP	NAPLES, FL 34114	
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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 16 - 2002 941-793-4763

Date

Daytime Phone #

CR2E037 (9/01)