

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770276

1. Entity Name

NAPLES DETACHMENT - MARINE CORPS LEAGUE, INC.
E.T. BRISSON DET

Principal Place of Business

Mailing Address

P.O. BOX 8982
NAPLES FL 34101
US

P.O. BOX 8982
NAPLES FL 34101-8982
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-1598250

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACDONALD, RODDY
11019 LONGSHORE WAY W
NAPLES FL 34104

7. Name and Address of New Registered Agent

Name

BUTTERWORTH, WILLIAM F

Street Address (P.O. Box Number is Not Acceptable)

7601 SAN SEBASTIAN WAY

City

NAPLES

FL

Zip Code

34109

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACDONALD, RODDY	
STREET ADDRESS	11019 LONGSHORE WAY W	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	SVC	<input type="checkbox"/> Delete
NAME	BUTTERWORTH, WILLIAM	
STREET ADDRESS	7702 PEBBLE CREEK CIR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	JVD	<input type="checkbox"/> Delete
NAME	TAUSSIA, RICHARD	
STREET ADDRESS	425 GULF SHORE BLVD N #11C	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	ADJ	<input type="checkbox"/> Delete
NAME	LUPURELLO, ROBERT	
STREET ADDRESS	628 LAMBTON LANE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	PM	<input type="checkbox"/> Delete
NAME	VANHECKE, GERALD	
STREET ADDRESS	760 PINE LAKE DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTTERWORTH, WILLIAM F	
STREET ADDRESS	7601 SAN SEBASTIAN WAY	
CITY-ST-ZIP	NAPLES, FLA, 34109	
TITLE	SVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUSSIG, RICHARD G	
STREET ADDRESS	4251 GULF SHORE BLVD N #11C	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	JVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, DICK	
STREET ADDRESS	3310 EUROPA DR	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE	ADJ	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUPURELLO, ROBERT	
STREET ADDRESS	628 LAMBTON LN	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE	PM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEATLEY, PAUL R.	
STREET ADDRESS	4150 BELAIR LN # 208	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90031 009 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)