2002 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2002 8:00 am § Secretary of State **DOCUMENT # 770276** 1. Enthy Name NAPLES DETACHMENT - MARINE CORPS LEAGUE, INC. 05-05-2002 90308 011 ****61.25 Principal Place of Business Mailing Address P.O. BOX 8982 P.O. BOX 8982 MAPLES FL 34101 NAPLES FL 34101 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1690735--Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAUSSIG, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4251 GULF SHORES DRIVE #11C Belair # 708 NAPLES FL 34103 Zip Colle OF 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☑ Delete TITLE Commandant ☐ Addition NAME TAUSSIG. RICAHRD NAME David Carwin STREET ADDRESS 4251 GULF SHORES DRIVE, #110 STREET ADDRESS 1747 Via Carnen CITY-ST-7IP NAPLES FL 34103 CITY-ST-ZIP Maples, FL 3410:5 SVCD TITLE Delete TITLE Change ☐ Addition NAME POWELL, RICHARD NAME sono 14 m. 14 Mara parael STREET ADDRESS 3310 EUROPA DRIVE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP TITLE JVC ☑ Delete TITLE Commandan Change Addition. CORWINE, DAVID NAMF. STREET ADDRESS 22446 MARSTON LANE STREET ADDRESS CITY-ST-7/P NAPLES FL 34109 CITY-ST-ZIP adj Delete TITLE " CORNEll ☐ Addition LUPURELLO, ROBERT STREET ADDRESS **628 LAMBTON LANE** 6648 Glen Arbor Was STREET ADDRESS CITY-ST-ZIE NAPLES FL 34104 CITY-ST-ZIP TITLE PMD ☐ Delete TITLE Change ☐ Addition NAME WHEATLEY, PAUL 3 NAME STREET ADDRESS 4150 BELAIR LANE #208 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP DDF ☐ Delete TITLE et szovel4 Change Addition NAME NAME Hewple. 6,673,0 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

(9/01)

NOT-FOR-PROFIT CORPORATION MEN 358590 UNIFORM BUSINESS REPORT (UBR)

		-00 KEPOKI	(UDK)					
	UMENT # 770276				7			
1. Entity Name								
Naples Detachment - Marine Corps League					-			
	DO NOT WRIT	E IN THIS SPACE		 	_			
2. Principa	al Place of Business	3. Mailing Address		<u>`</u>				
P.O. Box 8982 P.O. Box Suite, Apt. #, etc. Suite Apt. #		P.O. Box 8	3982					
		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Naples	State	City & State Naples, FL	· · · · · · · · · · · · · · · · · · ·		4. FEI Number 59-6190	735	Applied For	
34101	Country USA	Zip 34101	Country		5. Certificate of		Not Applicable \$8.75 Additional	
	DO NOT WRITE IN TH	<u> </u>	-		<u> </u>	ress of Current Register	Fee Required	
	market and the second second second second	and the second s	No.	me aul Wh	neatley	- Control Register	ed Agent	
			Str	Street Address (P.O. Box Number is Not Acceptable) 4150 Belair Lane, #208				
			* * *	ISU BE	erair Lan	ie, #208		
	,,		C					
8 The abov	An named office out to the state of the stat		Nă	ples		FL	Zip Code 34103	
o. The above	ve named entity submits this statemen	t for the purpose of changi	ing its registere	ed office or re	egistered agent, or	both, in the state of Flori	da.	
SIGNATURE		ΛK	Pau	ıl Whe	atley, P	aumagter	1/10/00	
	Signature, typed or printed name of regist	ered agent and title if applicab	le. (NOTE:	Registered Ag	ent signature required	when reinstating)	4/18/02 DATE	
, li	FEE IS \$61.25 nitial or Amended UBR	9. Election Car Trust Fund (πpaign Financ Contribution.	ing	\$5.00 May Be Added to Fees	Make Chec	k Payable to	
10.	OFFICERS AND D	RECTORS						
TITLE	Commandant		TITLE				3	
NAME STREET ADDRESS	David Corwin 4747 Via Carmen		NAME	ĺ	· ·	•	121	
CITY-SI-ZIP Naples, FL 34105			STREET ADDR		4 (4)		CR2E037B (12/01)	
TITLE	1st Vice Command	lant	TITLE	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Ä	
NAME	Edward I. Shanal	parger	NAME					
STREET ADDRESS CITY - ST - ZIP	2610 14th Street Naples, FL 34102	N.	STREET ADDR					
TITLE	2nd Vice Command	lant	CITY - ST - ZIF			and the same of th		
NAME	Loran D. Lov	alic	NAME	1				
STREET ADDRESS		_	STREET ADDR	ESS	4 ·	January Commen	t we	
DITY - ST - ZIP	Naples, FL 3410 Adjutant	<u>.5</u>	CITY - ST - ZIP			WRITE IN THIS S	PACE	
AME	John Connelly		TITLE					
TREET ADDRESS	6648 Glen Arbor	Way	NAME STREET ADDRE	ss				
	Naples, FL 3411	9	CITY - ST - ZIP			•		
TTLE PAME	Paymaster Paul Wheatley		TITLE					
	4150 Belair Lane	#208	NAME			ı		
ZITY - ST - ZIP	Naples, FL 3410	3	STREET ADDRE	SS		•	į	
ITLE	Judge Advocate		TITLE					
AME TREET ADORESS	Gifford Hambleto 220 Vintage Circ	n le #400	NAME		· · · · · · · · · · · · · · · · · · ·			
ITY - ST - ZIP	Naples, FL 3411	15, #402 9	STREET ADDRE	SS	voit ,			
2. I hereby cer	rtify that the information supplied with	this filing does not evalify	CITY - ST - ZIP	on stated in	Section 119 07/21/2) Florida Statuta - 15 "		
an officer of	indicated on this report or supplement of director of the corporation or the reco Block 10 or on an attachment with an	eiver or trustee empowers	d to avacute th	s report as r	shall have the same equired by Chapter	e legal effect as if made u 617, Florida Statutes; ar	er certify that the under oath; that I am nd that my name	
SIGNATU	IRE: Vaul) heat	ler/ Pau	l Wheat!	lev, Pav		4/18/02 (239		
FI 323B0F 1	SIGNATURE AND TYPED OR PR	INTER NAME OF SIGNING O	FFICER OR DIR	ECTOR 2			Phone #	