

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90400 010 ****61.25

DOCUMENT # 770276

1. Entity Name

NAPLES DETACHMENT - MARINE CORPS LEAGUE, INC.



Principal Place of Business

P.O. BOX 8982
NAPLES FL 34101
US

Mailing Address

P.O. BOX 8982
NAPLES FL 34101
US

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 **59-1690735**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHEATLEY, PAUL
4150 BELAIR LAN, #208
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name **BRANDRETH, JAMES**

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

26441 CHARLOTTE

City

BONITA SPRINGS

FL

Zip Code

34135

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

James C. Brandreth
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28, 2003

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 **CD** ☐ Delete
NAME **COPWIN, DAVID**
STREET ADDRESS **4747 VIA CARMEN**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **SVCD** ☐ Delete
NAME **SHANABURGER, EDWARD I**
STREET ADDRESS **3610 14TH ST N**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **JVC** ☒ Delete
NAME **LOY, LORAN D**
STREET ADDRESS **4737 VIA CARMEN**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **ADJ** ☐ Delete
NAME **CONNELLY, JOHN**
STREET ADDRESS **6648 GLEN ARBOR WAY**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **PMD** ☒ Delete
NAME **WHEATLEY, PAUL**
STREET ADDRESS **4150 BELAIR LANE #208**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **D** ☐ Delete
NAME **HAMBLETON, GIFFORD**
STREET ADDRESS **220 VINTAGE CIRCLE #402**
CITY-ST-ZIP **NAPLES FL 34119**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **CORWINE, DAVID**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☒ Addition
NAME **JVC**
NAME **MARSIT, NICK**
STREET ADDRESS **925 EASTHAM WAY, # 201**
CITY-ST-ZIP **NAPLES, FL 34109**

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

TITLE ☐ Change ☒ Addition
NAME **PMD**
NAME **BRANDRETH, JAMES**
STREET ADDRESS **26441 CHARLOTTE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

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:

DAVID B. CORWINE
DAVID B. CORWINE *April 28 03*

(239) 430 0247

CR2E037 (10/02)