

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
 05-15-2001 90112 049 ****61.25

DOCUMENT # 770426

1. Entity Name

NAPLES HIDEAWAY CLUB, INC.

Principal Place of Business

PO BOX 110339
 NAPLES FL 34108
 US

Mailing Address

PO BOX 110339
 NAPLES FL 34108
 US

00052102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3400374**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NURSE, DONALD
5960 PELICAN BAY BLVD. #334
NAPLES FL 34108

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 **TD** ☐ Delete
 NAME **NURSE, DONALD**
 STREET ADDRESS **5960 PELICAN BAY BLVD.**
 CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition
 NAME **1211 Rosemary Ct. #202**
 STREET ADDRESS **NAPLES, FL.**
 CITY-ST-ZIP **NAPLES, FL.**

TITLE ☒ Delete
 NAME **THOMAS, PEGGY**
 STREET ADDRESS **1155 ROSEMARY COURT #B102**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE ☒ Delete
 NAME **STAUFFER, KAREN**
 STREET ADDRESS **1155 ROSEMARY CT. B 101**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☒ Addition
 NAME **D.V.P. Frenzel, Ralph**
 STREET ADDRESS **1155 Rosemary Ct. #203**
 CITY-ST-ZIP **NAPLES, FL.**

TITLE ☒ Delete
 NAME **WEBB, ARTHUR**
 STREET ADDRESS **6655 MANGROVE WAY**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Change ☒ Addition
 NAME **D.S. Trotta, Melony**
 STREET ADDRESS **1155 Rosemary Ct. #104**
 CITY-ST-ZIP **NAPLES, FL.**

TITLE ☐ Delete
 NAME **KNIOLO, Denese**
 STREET ADDRESS **1155 ROSEMARY CT. #106**
 CITY-ST-ZIP **NAPLES, FL.**

TITLE ☐ Change ☒ Addition
 NAME **KNIOLO, Denese**
 STREET ADDRESS **1155 ROSEMARY CT. #106**
 CITY-ST-ZIP **NAPLES, FL.**

TITLE ☐ Delete
 NAME **KNIOLO, Denese**
 STREET ADDRESS **1155 ROSEMARY CT. #106**
 CITY-ST-ZIP **NAPLES, FL.**

TITLE ☐ Change ☐ Addition
 NAME **KNIOLO, Denese**
 STREET ADDRESS **1155 ROSEMARY CT. #106**
 CITY-ST-ZIP **NAPLES, FL.**

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: **PEGGY THOMAS**

4/18/01 941-591-2040

CR2E037 (10/00)