

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J36922

1. Entity Name

EAGLE CREEK CLUB, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90091 038 \*\*\*158.75

Principal Place of Business

601 EAGLE CREEK DRIVE  
 NAPLES FL 34113  
 US

Mailing Address

601 EAGLE CREEK DRIVE  
 NAPLES FL 34113-8036  
 US

2. Principal Place of Business

625 Eagle Creek Drive

3. Mailing Address

625 Eagle Creek Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2730166

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

AMICO, DAVID J  
 -+ EAGLE CREEK DR.  
 NAPLES FL 33962 ---

Name

Street Address (P.O. Box Number is Not Acceptable)  
 625 Eagle Creek Drive

City

FL

Zip Code  
 34113

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	LIPS, HERBERT	
STREET ADDRESS	601 EAGLE CREEK DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINEMANN, HANSJORG	
STREET ADDRESS	601 EAGLE CREEK DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	AMICO, DAVID J.	
STREET ADDRESS	601 EAGLE CREEK DRIVE	
CITY-ST-ZIP	NAPLES FL	
TITLE	CTD	<input type="checkbox"/> Delete
NAME	SCHWAGER, HANSPETER	
STREET ADDRESS	601 EAGLE CREEK DRIVE -	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	625 Eagle Creek Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	625 Eagle Creek Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	625 Eagle Creek Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	625 Eagle Creek Drive
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

David J. Amico

4/24/2000

(941) 775-2227

Date

Daytime Phone #

CR2E034 (9/99)