

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90020 025 ****55.00

DOCUMENT # L01000017450

1. Entity Name

CITY CLUB GROUP LLC

Principal Place of Business

**2700 70TH STREET SW
NAPLES FL 34105
US**

Mailing Address

**2700 70TH STREET SW
NAPLES FL 34105
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

65-1144989

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHUCH, MATTHEW F
2700 70TH STREET SW
NAPLES FL 34105**

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT - MGRM** ☐ Delete
NAME **MATTHEW F. SCHUCH FOR SPA**
STREET ADDRESS **2700 70TH ST. SW** *DIRECTOR'S*
CITY-ST-ZIP **NAPLES, FL 34105-7220** *INCL*

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

TITLE **VICE-PRESIDENT - MGRM** ☐ Delete
NAME **ROBERT L. BAILEY**
STREET ADDRESS **822 MAGNOLIA COURT**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

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

TITLE **SEC/TREAS - MGRM** ☐ Delete
NAME **WILLIAM J. SCHUCH**
STREET ADDRESS **5100 CEDAR SPRINGS DR #101**
CITY-ST-ZIP **NAPLES FL 34110-335L**

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

TITLE **MGRM** ☐ Delete
NAME **KIM KOSTER FOR CYBERISLAND**
STREET ADDRESS **1660 TRADE CENTER WAY** *INC*
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
MATTHEW F. SCHUCH *[Signature]* **3/20/02 941 659 1502**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)