

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90073 045 \*\*\*150.00

**DOCUMENT # L42191**

1. Entity Name

**MARINA BAY CLUB OF NAPLES, INC.**

Principal Place of Business

28000 SPANISH WELLS BLVD  
 BONITA SPRINGS FL 34135  
 US

Mailing Address

28000 SPANISH WELLS BLVD  
 BONITA SPRINGS FL 34135-2850  
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 366879

P.O. Box 366879

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

4. FEI Number

36-3716585

Applied For

Not Applicable

Zip

34136

Country

USA

Zip

34136

Country

USA

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

**JOHNSON, KENNETH**  
**3174 E TAMIAMI TRAIL**  
**NAPLES, FL 33942**

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

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 PD  Delete  
 NAME MCARDLE, DAVID A.  
 STREET ADDRESS 1600 E. MAIN STREET - STE B  
 CITY-ST-ZIP ST. CHARLES IL 60174

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Delete  
 NAME KELLY, THOMAS J.  
 STREET ADDRESS P.O. BOX 64  
 CITY-ST-ZIP ST. CHARLES IL 60174

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AS  Delete  
 NAME CRAWFORD, STEPHEN J.  
 STREET ADDRESS 28000 SPANISH WELLS BLVD  
 CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE V  Delete  
 NAME KEPLEY, RICHARD  
 STREET ADDRESS 28000 SPANISH WELLS BLVD  
 CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE V  Change  Addition  
 NAME Kepley, Richard  
 STREET ADDRESS P.O. Box 366879  
 CITY-ST-ZIP Bonita Springs, FL 34136

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

I3. 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:**  **Thomas J. Kelly, Secretary, 1/31/00, (941) 992-9476**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)