

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L42191

1. Entity Name

MARINA BAY CLUB OF NAPLES, INC.

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

02-08-2000 90073 045 ***150.00

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

P.O. Box 366879

3. Mailing Address

P.O. Box 366879

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip
34136

Country
USA

Zip
34136

Country
USA

4. FEI Number

36-3716585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, KENNETH
3174 E TAMIAMI TRAIL
NAPLES, FL 33942

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCARDLE, DAVID A.	
STREET ADDRESS	1600 E. MAIN STREET - STE B	
CITY-ST-ZIP	ST. CHARLES IL 60174	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLY, THOMAS J.	
STREET ADDRESS	P.O. BOX 64	
CITY-ST-ZIP	ST. CHARLES IL 60174	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CRAWFORD, STEPHEN J.	
STREET ADDRESS	28000 SPANISH WELLS BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	V	<input type="checkbox"/> Delete
NAME	KEPLEY, RICHARD	
STREET ADDRESS	28000 SPANISH WELLS BLVD	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kepley, Richard	
STREET ADDRESS	P.O. Box 366879	
CITY-ST-ZIP	Bonita Springs, FL 34136	
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:  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)