2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L9900005551 1. Entity Name NAPLES BOAT CLUB LLC					FILED OO MAR 13 PM 2:50					
										Principal Place of Business Mailing Address
•) J. RUFF REALTY. INC. I TRAIL NORTH 4103	•	C/O EDWARD J. RUFF REALTY, INC. 4760 TAMIAMI TRAIL NORTH NAPLES FL 34103-3025							
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State	City & State		4. FEI Number					
Zip Country		Zip	Zip Country		5. Certific	ate of Status Desired		5.00 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
RUFF, EDWARD J				Name						
4760 TAM			Street Address	(P.O. Box Nui	mber is Not Acceptable)					
NAPLES F	FL 34103		City			FL Zip Code				
<u> </u>	named entity submits this statement fo	the surround the project its			rad agent or	both in the State of Floriu				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature require	d when reinstating)	DATE			
Make Check Paya				EE IS \$50.00 Department of	of State					
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/C				
TITLE MAME STREET ADDRESS CITY- 81- ZIP	RUFF, EDWARD J 4760 TAMIAMI TRAIL NORTH NAPLES FL 34103		MAME STREE			6000031 -03/24/ *****5	1 83 9 70001		5 017	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WETTERAU, TED C 211 N. BROADWAY, SUITE 3600 ST. LOUIS MO 63102-2750	☐ Delete					[Change	Addition	
TITLE	MGR HEIMBURGER, G. FRED 211 N. BROADWAY, SUITE 3600 ST. LOUIS MO 63102-2750	Ocieto	MAME Stree	T ADDRESS ST-ZIP			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-\$1-21P	MGR GOEBEL, JOHN L 211 N. BROADWAY, SUITE 3600 ST. LOUIS MO 63102-2750	☐ Delate		i i			[Change	Addition	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	MGR SWANSON, JOHN C 15600 OLD ROUTE 41 NAPLES FL 34110	☐ Deletin					[Change	Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Detects		,			de	Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have	the same	ilegal effect as if i	made under d	oath; that I am a managin	urther certifing member	y that the ir or manage	formation r of the	

3-8-00 Date 941 -262-866 Daytime Phone #