

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90360 018 \*\*\*\*70.00

**DOCUMENT # N00000000713**

1. Entity Name

**EXPLORER'S CLUB OF SOUTHWEST FLORIDA, INC.**

*THE EXPLORERS CLUB OF SOUTHWEST FLORIDA, I*

Principal Place of Business

272 ROSE APPLE LANE  
 NAPLES FL 34114

Mailing Address

272 ROSE APPLE LANE  
 NAPLES FL 34114

816483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*703 NATHAN HALE DR*

Suite, Apt. #, etc.

3. Mailing Address

*703 NATHAN HALE DR*

Suite, Apt. #, etc.

City & State

*NAPLES FL*

City & State

*NAPLES*

4. FEI Number

*59-369259-3*

Applied For

Not Applicable

Zip

*34108*

Country

*US*

Zip

*34108*

Country

*US*

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLASP INC.  
 C/O CUMMINGS & LOCKWOOD  
 3001 TAMiami TRAIL NORTH  
 NAPLES FL 34103

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

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEGUR, DONALD	
STREET ADDRESS	703 NATHAN HALE DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, BRUCE II	
STREET ADDRESS	1655 MANDARIN ROAD	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	READ, ROBERT PH.D.	
STREET ADDRESS	272 ROSE APPLE LANE	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWIN M WILLIAMS	
STREET ADDRESS	1046 NELSON'S WALK	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXIE E. WARR	
STREET ADDRESS	585 VIA VENETO #102	
CITY-ST-ZIP	NAPLES, FL 34108	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Donald L. Segur* **DONALD L. SEGUR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/2/2001 941 592 6646*

Date

Daytime Phone #

CR2E037 (10/00)