2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0000005045

1. Entity Name

SIGNATURE:

NORTH FT. MYERS TRAVEL CLUB, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90060 007 ****70.00

Principal Place of Business 3474 17TH ST SARASOTA FŁ 34235			Mailing Address 3474 17TH ST SARASOTA FL 34235									
											IANG BISH BASI A	AR 100 (AT)
2. Principal P	lace of Busin	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
City & Stat	e	City & State					4. FEI Number 65-0939808 Applied For Not Applicable					
Zip	Zip Country			Zip Cou			5. Certificate of Status Desired 88.75 Additional Fee Required				ditional	
	6. Name	d Agent		7. Name and Address of New Reg								
्र क्रांच्याच्याच्याच्याच्याच्याच्याच्याच्याच्या						Name						
FERGUSO 3474 177 SARASO	·		Street Address (P.O. Box Number is Not				otable)					
						City				F	Zip Cod	e
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whe										DATE		1
Ell E NUMY: EEE 15 an 175					paign F entributi	inancing on.	LJ ,	\$5.00 May Bo Added to Fees	F	Make Chec lorida Depa	rtment of S	State
10.	OFFICERS AND DIRECTORS				11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Delete FERGUSON, ADRIAN L SR 3474 17TH ST SARASOTA FL 34235										☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FERGUSO 3474 17Th	n, adrian l Jr		☐ Delete	TITLE NAMI STRE	E Et address -St-Zip		····			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GASSEL, (18961 N.			Delete	NAM! STRE	E ET ADDRESS -ST-ZIP	# Hy 4411 1 SARA	man, CHE Parnell [sota, FC	uryl A DR 34232		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hyman 4411 P Socas	aenell De	<u>-</u>	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	•						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS		•		Delete ·		E Et address				· -	Change	Addition
12. I hereby of indicated of the corchanged,	certify that the on this repor poration or th or on an atta	e information supplied with t or supplemental report is e receiver of rustee empo ichment with an address, w	this filing true and a wered to e	does not qualify for t accurate and that me execute this report a er like empowered.		nption sta ure shall he red by Cha	ted in Sec nave the sa apter 617,	tion 119.07(3)(i ame legal effect Florida Statutes), Florida Statu t as if made ur s; and that my	utes. I further cender oath; that I name appears	ertify that the in am an officer in Block 10 or	nformation or director Block 11 if

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