

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02618

1. Entity Name

INTOWN CLUB ASSOCIATION, INC.

FILED

Apr 14, 2000 8:00 am  
Secretary of State

04-14-2000 90020 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1251 SEVENTH AVE. N.  
NAPLES FL 33940

1251 SEVENTH AVE. N.  
NAPLES FL 34102-5605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#311

City & State

City & State

4. FEI Number

59-2435105

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONSCHEIN, FRED L.  
1251 7TH AVE. N. #311  
NAPLES FL 33940

Name LINDA LINDSAY

Street Address (P.O. Box Number is Not Acceptable)

1251 SEVENTH AVE. North, #311

City Naples

FL

Zip Code 34102

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MONSCHEIN, FRED	
STREET ADDRESS	1297 7TH AVE. N. #105	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CLEARY, BILL	
STREET ADDRESS	447 SADDLEBROOK CIR	
CITY-ST-ZIP	CHESTER SPRINGS PA 19425	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FASCHING, JOHN	
STREET ADDRESS	1275 7 AVE N. #201	
CITY-ST-ZIP	NAPLES FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MULLIN, LINDA	
STREET ADDRESS	1275 7TH AVE. N. #204	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MONSCHEIN, SARA	
STREET ADDRESS	1297 7TH AVE. N., #105	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR, President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joshua GIORDANO	
STREET ADDRESS	1251 SEVENTH AVE. North, #311	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	DIRECTOR, Vice Pres.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe GEITHAMANN	
STREET ADDRESS	1410 28th Avenue North	
CITY-ST-ZIP	NAPLES, FL 34103-4581	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY FILKOSKI	
STREET ADDRESS	33 EAST STREET	
CITY-ST-ZIP	HADLEY, MA 01035-0584	
TITLE	LINDA LINDSAY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	1251 7th Avenue North, #301	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARILYN VAUGHT	
STREET ADDRESS	1251 7th Avenue North, #303	
CITY-ST-ZIP	Naples, FL 34102	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)