2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # N07045** Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** ROYAL PALM COUNTRY CLUB OF NAPLES, INC. 03-03-2000 90039 017 ****61.25 Principal Place of Business Mailing Address 400 FOREST HILLS BOULEVARD 400 FOREST HILLS BOULEVARD NAPLES FL 34113 NAPLES FL 34113-7555 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2489083 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gene Harris Street Address (P.O. Box Number is Not Acceptable) KIBLER, ANNE M 400 FOREST HILLS BLVD NAPLES FL 34113 City 34193 Naples 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. Ourso <u>Eugene Harris,</u> Feb 2000 Secretary SIGNATURE nt and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. 🔀 Delete TITLE ☐ Addition TITLE President NAME DANIELSON, VERLAND NAME Ernest Spychalski STREET ADDRESS STREET ADDRESS 404 FOREST HILLS BLVD 232 Palmetto Dunes Circle CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34113 Naples, Fl 34113 Change Addition ☐ Delete TITLE TITLE Vice-President NAME MOORE, RONALD W NAME Dave Zessack STREET ADDRESS STREET ADDRESS 8401 MALLOW LANE 5419 Rattlesnake Hammock Rd Naples, FL 34113 CITY-ST-ZIP 101TY-ST-21P NAPLES FL 34113 ☐ Delete Secretary Change **★**Addition TITLE TITLE NAME Gene Harris NAME COLEMAN, JOHN STREET ADDRESS STREET ADDRESS 2004 PICADILLY CIRCUS 601 Augusta Blvd #13 City-ST-ZIP CITY-ST-ZIP NAPLES FL 34<u>112</u> Naples, FL 34113 √ Change Delete ☐ Addition TITLE TITLE Director HIGGINS, JOHN J. NAME NAME Anne M. Kibler STREET ADDRESS STREET ADDRESS 8032 BELMONT CT 139 Muirfield Circle CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34113 NAPLES FL 34<u>113</u> Change X Addition TITLE ☐ Delete TITLE Director GAITENS, JAMES NAME NAME Thomas Lindsay STREET ADDRESS STREET ADDRESS 600 AUGUSTA BLVD 265 Deerwood Circle #2 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Naples, Fl 34113 Change TITLE Delete Addition Director NAME BATZER, CLYDE NAME Joseph Pal STREET ADDRESS STREET ADDRESS 107 MARSEILLE DR 415 Augusta Blvd. #310 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 MAME OF SIGNING OFFICER OR DIRECTOR

Eugene Harris, Secretary 2-17-00 941-793-1167

Date

Daytime Phone #