

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07601

1. Entity Name

ROTARY CLUB OF NAPLES-GOLDEN GATE, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90980 007 ****61.25

Principal Place of Business

Mailing Address

P O BOX 10067
NAPLES FL 34101
US

P O BOX 10067
NAPLES FL 34101-0067
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2546128

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

COLETTA, JAMES
1660 40TH TERR S.W.
NAPLES FL 33942

Name

Sheri Barnett

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

1160 27th St SW

City

Naples

FL

Zip Code

34117

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	P	<input type="checkbox"/> Delete
NAME	COLETTA, JAMES	
STREET ADDRESS	1660 40TH TERR SW	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOLEGUE, LARRY	
STREET ADDRESS	6180 GREEN BLVD	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PINKERTON, DAVE	
STREET ADDRESS	5168 LOCKWOOD CT	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	T	<input type="checkbox"/> Delete
NAME	LISTENBERGER, DONNA	
STREET ADDRESS	971 AIRPORT RD NO. STE 1	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHAMBAUGH, JACK	
STREET ADDRESS	7782 SAVANNAH CT	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMENDOLA, MARIO	
STREET ADDRESS	5039 31ST AVE SW	
CITY-ST-ZIP	NAPLES FL 34105	

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Jerry Bliss	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1220 Illinois Drive	
STREET ADDRESS	Naples, FL 34103	
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sheri Barnett	
STREET ADDRESS	1160 27th St SW	
CITY-ST-ZIP	Naples, FL 34117	
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~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 (41) 455-1240

CP2E037 (9/99)