2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State **DOCUMENT # N07601** 1. Entity Name ROTARY CLUB OF NAPLES-GOLDEN GATE, INC. 05-03-2001 90086 005 ****61.25 Mailing Address Principal Place of Business P O BOX 10067 P O BOX 10067 NAPLES FL 34101 NAPLES FL 34101 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 59-2546128 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box, Number is Not Acceptable) COLETTA, JAMES 1660 40TH TERR S.W. NAPLES FL 33942 City 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 🙀 Delete TITLE M Change Addition JOHN BONTWELL NAME COLETTA, JAMES 4760 13th Ave SW **1660 40TH TERR SW** STREET ADDRESS DNAPLES FI 34116 CITY-ST-ZIP NAPLES FL 33942 Change ☐ Addition TIT! E

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP Heri Barnett Delete TITLE 1100 27 th 37 SW NAME KOLEGUE, LARRY NAME STREET ADDRESS STREET ADDRESS 6160 GREEN BLVD NAPLES F/ 34120 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 Delete Change Addition TITLE TITLE JIM ROWLAND NAME PINKERTON, DAVE PO BOX 990 159 NAME STREET ADDRESS STREET ADDRESS 5168 LOCKWOOD CT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 Change ☐ Addition ✓ Delete TITLE TITLE LARRY KOLEGHE
6160 GREEN BLUD NAME LISTENBERGER, DONNA NAME STREET ADDRESS STREET ADDRESS 971 AIRPORT RD NO. STE 1 NAPLES FI CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 🗷 Delete Change ☐ Addition TITLE RICHARD LOLEGUE SHAMBAUGH, JACK NAME NAME 4348 1711 AUGSW

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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

7782 SAVANNAH CT

LAMENDOLA, MARIO

5039 31ST AVE SW

NAPLES FL 34105

NAPLES FL 34104

Delete

NAPLES FI 34114

☐ Change

Addition