

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14673

1. Entity Name

UNIVERSITY OF PENNSYLVANIA ALUMNI CLUB OF SOUTHW
EST FLORIDA, INC.

Principal Place of Business

Mailing Address

4751 BONITA BAY BLVD.
#1005
BONITA SPRINGS FL 34134

4751 BONITA BAY BLVD.
#1005
BONITA SPRINGS FL 34134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2713039

Applied For

Not Applicable

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

REISS, ANDREW
821 FIFTH AVENUE SOUTH
STE. 201
NAPLES FL 34102

Name

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

City

FL

Zip Code

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 PD
NAME RASER, THOMAS J
STREET ADDRESS 4751 BONITA BEACH BLVD., #1005
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPD
NAME REISS, ANDREW
STREET ADDRESS 821 FIFTH AVENUE SOUTH, STE. 201
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME DEWEY, ELIZABETH
STREET ADDRESS 1297 VENETIAN WAY
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME CALLAHAN, EDWARD M
STREET ADDRESS 6216 BELLERIVE AVENUE, #1703
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME CENSITS, RICHARD
STREET ADDRESS 688 ANNEMORE LANE
CITY-ST-ZIP NAPLES FL 34108 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME COOLIDGE, MERRY
STREET ADDRESS 4611 CRAYTON ROAD
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 (941) 261-9300
Date Daytime Phone #

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90057 032 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)