

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90054 020 ****61.25

DOCUMENT # N14673

1. Entity Name

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



Principal Place of Business

**4751 BONITA BAY BLVD.
#1005
BONITA SPRINGS FL 34134**

Mailing Address

**4751 BONITA BAY BLVD.
#1005
BONITA SPRINGS FL 34134**

11006719



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

6518 Highcroft Dr.
Suite, Apt. #, etc.

3. Mailing Address

6518 Highcroft Dr.
Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number **59-2713039**

Applied For

Not Applicable

Zip

34119

Country

Zip

34119

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **John F. Garba**
STREET ADDRESS **6518 Highcroft Dr.**
CITY-ST-ZIP **Naples, FL 34119**

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

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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 REQUIRED

4/21/03 (239) 261-9300

CR2E037 (10/02)