

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

**11006719**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address  
**6518 Highcroft Dr.**      **6518 Highcroft Dr.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Naples FL**      **Naples FL**  
Zip      Country      Zip      Country  
**34119**           **34119**           **34119**           **34119**           **34119**           **34119**           **34119**           **34119**           **34119**           **34119**           **34119**

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  
**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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD RASER, THOMAS J 4751 BONITA BEACH BLVD., #1005 BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REISS, ANDREW 821 FIFTH AVENUE SOUTH, STE. 201 NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEWEY, ELIZABETH 1297 VENETIAN WAY NAPLES FL 34110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALLAHAN, EDWARD M 6216 BELLERIVE AVENUE, #1703 NAPLES FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CENSITS, RICHARD 688 ANNEMORE LANE NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOLIDGE, MERRY 4611 CRAYTON ROAD NAPLES FL 34103	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John F. Garba 6518 Highcroft Dr. Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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**      4/21/03 (239) 261-9300

CR2E037 (10/02)