## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # N21652** May 15, 2000 8:00 am Secretary of State 1. Entity Name NAPLES NORTH ROTARY CLUB FOUNDATION, INC. 05-15-2000 90201 040 \*\*\*\*61.25 Principal Place of Business Mailing Address 384 COUNTRY CLUB LANE P.O. BOX 1307 127 EUGENIA DRIVE NAPLES FL 34106-1307 NAPLES FL 34110 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2657472 Not Applicable Zip Country Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) STANLEY JOHN A 2545 70TH ST. SW NAPLES FL 34105 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE NAME MANLEY, PAUL E. NAME STREET ADDRESS STREET ADDRESS 384 COUNTRY CLUB LANE CiTY-ST-7IP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition TITLE D ☐ Delete TITLE NAME STANLEY, JOHN NAME STREET ADDRESS STREET ADDRESS 2545 70TH STREET SW CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME WELSH, MICHAEL NAME STREET ADDRESS STREET ADDRESS 2211 MARINA DR CITY-ST-ZIP CITY-ST-ZIP NAPLES FL TITLE ☐ Delete TITLE ☐ Change Addition NAME MOORE, MICHAEL NAME STREET ADDRESS STREET ADDRESS **582 GORDONIA RD** CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Delete TITLE Change ▼ Addition TITLE NAME GEIMAN, KEITH WILLIAM WARD STREET ADDRESS STREET ADDRESS 701 93 RD AVE N. 4855 614 AVE S.W. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Addition ☐ Delete TITLE TITLE CLAPPER, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 3000 TAMIAMI TR N. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 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: MADORI MARIE TRANS MICHAEL & MORE TRANS 4/W/2000 94/ 597 3144