

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90100 043 ****61.25

DOCUMENT # N28663

1. Entity Name

NAPLES NITES LIONS CLUB, INC.

Principal Place of Business

Mailing Address

**PO BOX 2941
NAPLES FL 33939
US****P O BOX 2941
NAPLES FL 34106-2941**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7113158Applied For
Not Applied For

Zip

Country

Zip

Country

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**

Name

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

City

FL

Zip Code

**ARTHUR, WILLIAM
4200 22ND PLACE SW
NAPLES FL 33999**

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 **D** ☐ Delete
NAME **ANDERMAN, LORI**
STREET ADDRESS **555 19TH ST SW**
CITY-ST-ZIP **NAPLES FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **BURTCHIN, DONALD**
STREET ADDRESS **46 HILO COURT**
CITY-ST-ZIP **NAPLES FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ROACK, WAYNE**
STREET ADDRESS **4257 32ND AVE**
CITY-ST-ZIP **NAPLES FL 34116**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **COE, ROBERT**
STREET ADDRESS **1223 FOREST AVE.**
CITY-ST-ZIP **NAPLES FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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
Robert P Coe, Treasurer 1-17-00 941 262 0745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #