

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90032 024 ****61.25

0072025

DOCUMENT # N28663

1. Entity Name

NAPLES NITES LIONS CLUB, INC.

Principal Place of Business

PO BOX 2941
 NAPLES FL 33939
 US

Mailing Address

P O BOX 2941
 NAPLES FL 33939

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 **23-7113158**

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

ARTHUR, WILLIAM
4200 22ND PLACE SW
NAPLES FL 33999

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ANDERMAN, LORI**
 CITY-ST-ZIP **555 19TH ST SW**
NAPLES FL

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BURTCHIN, DONALD**
 CITY-ST-ZIP **46 HILO COURT**
NAPLES FL

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ROACK, WAYNE**
 CITY-ST-ZIP **4257 32ND AVE**
NAPLES FL 34116

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **COE, ROBERT**
 CITY-ST-ZIP **1223 FOREST AVE.**
NAPLES FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-01 941-262-0765

CR2E037 (10/00)