

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90123 024 ****61.25

DOCUMENT # N42823

1. Entity Name

VANDERBILT LANDINGS BOAT DOCK CLUB, INC.

Principal Place of Business

Mailing Address

11116 GULF SHORE DR
 UNIT #904B
 NAPLES FL 34108
 US

11116 GULF SHORE DR
 UNIT #904B
 NAPLES FL 34108-1746
 US

701277



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0254602

Applied For

Not Applicable

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

PIRRO, ARMAND
11116 GULF SHORE DR
UNIT #904B
NAPLES FL 34108

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIRRO, ARMAND A	
STREET ADDRESS	11116 GULF SHORE DR #904	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BOULTEE, DONALD E	
STREET ADDRESS	4820 SIXTH AVE SW	
CITY-ST-ZIP	NAPLES FL 33999	
TITLE	D	<input type="checkbox"/> Delete
NAME	VANDEBURG, CARL	
STREET ADDRESS	11116 GULF SHORE DR #204	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIRRO, ARMAND A	
STREET ADDRESS	11116 GULF SHORE DR. #904B	
CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RUSSELL	
STREET ADDRESS	1116 GULF SHORE DR. #804B	
CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEBURG, CARL	
STREET ADDRESS	1116 GULF SHORE DR #204B	
CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Armand A. Pirro* **ARMAND A. PIRRO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2000

Date

941-591-8663

Daytime Phone #

CR2E037 (9/99)