

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90043 037 ****61.25

DOCUMENT # N46933

1. Entity Name

VANDERBILT TOWERS YACHT CLUB, INC.

Principal Place of Business

Mailing Address

3 BLUEBILL AVE
 STE 504
 NAPLES FL 34108
 US

3 BLUEBILL AVE
 STE 504
 NAPLES FL 34108-1723
 US

2. Principal Place of Business

3. Mailing Address

1 Bluebill Ave

1 Bluebill Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. 705

Apt. 705

City & State

City & State

Naples, FL

Naples, FL

Zip

Country

Zip

Country

34108

USA

34108

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

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

CLAPPER, JOHN, III
 1400 GULF SHORE BLVD. NORTH
 SUITE 214
 NAPLES FL 33940

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	ST	<input type="checkbox"/> Delete
NAME	MITZEL, ROBERT D	
STREET ADDRESS	3 BLUEBILL AVE APT 504	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIXON, JEANNE	
STREET ADDRESS	1 BLUEBILL AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOWTFARD, ART	
STREET ADDRESS	3 BLUEBILL AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	P	<input type="checkbox"/> Delete
NAME	WAMPLER, LEE	
STREET ADDRESS	5 BLUEBILL AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, CLIFFORD	
STREET ADDRESS	5 BLUEBILL AVE APT 807	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NIXON, BERNICE	
STREET ADDRESS	1 BLUEBILL AVE	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitzel, Robert	
STREET ADDRESS	3 Bluebill Ave	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kwipa, Ron	
STREET ADDRESS	1 Bluebill Ave Apt. 705	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Pete	
STREET ADDRESS	3 Bluebill Ave	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKAGGS, Kenneth	
STREET ADDRESS	5 Bluebill Ave	
CITY-ST-ZIP	Naples FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robins, Cindy	
STREET ADDRESS	5 Bluebill Ave	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nixon, Bernice	
STREET ADDRESS	1 Bluebill Ave	
CITY-ST-ZIP	Naples, FL 34108	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

Robert D. Mitzel
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-00
 Date

941-592-1004
 Daytime Phone #

CR2E037 (9/99)