

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90065 050 ****61.25

DOCUMENT # N46933

1. Entity Name

VANDERBILT TOWERS YACHT CLUB, INC.

Principal Place of Business

1 BLUEBILL AVE
 APT. 705
 NAPLES FL 34108
 US

Mailing Address

1 BLUEBILL AVE
 APT. 705
 NAPLES FL 34108
 US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired:

\$8.75 Additional Fee Required

00011251



DO NOT WRITE IN THIS SPACE

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 checked="" type="checkbox"/> Delete
NAME	MITZEL, ROBERT D	
STREET ADDRESS	3 BLUEBILL AVE APT 504	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	ST KULPA	<input type="checkbox"/> Delete
NAME	KULPA, RON	
STREET ADDRESS	1 BLUEBILL AVE APT. 705	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PETE	
STREET ADDRESS	3 BLUEBILL AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VP P	<input type="checkbox"/> Delete
NAME	SKAGGS, KENNETH	
STREET ADDRESS	5 BLUEBILL AVE.	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINS, CINDY	
STREET ADDRESS	5 BLUEBILL AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NIXON, BERNICE	
STREET ADDRESS	1 BLUEBILL AVE	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE GEHRKE	
STREET ADDRESS	1 BLUEBILL AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM WIENIKOWSKI	
STREET ADDRESS	1 BLUEBILL AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOANNE MARIN	
STREET ADDRESS	1 BLUEBILL	
CITY-ST-ZIP	NAPLES F 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: SIGNATURE RON KULPA, ST 1/24/2001 94/566-8389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00721

CR2E037 (10/00)