

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51209

1. Entity Name

NAPLES GULFSHORE ROTARY CLUB FOUNDATION, INC.

Principal Place of Business

2400 TAMiami TR N  
303  
NAPLES FL 34103  
US

Mailing Address

PO BOX 352  
NAPLES FL 34106  
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

65-0376916

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

SAMOUSE, ROBERT  
2375 N TAMiami TR  
STE 308  
NAPLES FL 34112

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 D ☒ Delete  
NAME COOK, DAVID  
STREET ADDRESS 3461 BONITA BAY BLVD  
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE DVP ☐ Change ☒ Addition  
NAME Jon Kipatruck  
STREET ADDRESS 3748 Arnold Ave  
CITY-ST-ZIP Naples, FL 34104

TITLE D ☒ Delete  
NAME GARRISON, TOM  
STREET ADDRESS 1120 SILVER SAND AVE  
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☐ Change ☒ Addition  
NAME Marsha McDaniel  
STREET ADDRESS 8850 Tamiami Tr. N.  
CITY-ST-ZIP Naples, FL 34104

TITLE DVP ☐ Delete  
NAME SAMOUSE, ROBERT  
STREET ADDRESS 2375 N TAMiami TR # 308  
CITY-ST-ZIP NAPLES FL 34112

TITLE DP ☒ Change ☐ Addition  
NAME Samouee, Robert

TITLE DT ☐ Delete  
NAME DAVIDSON, JIM  
STREET ADDRESS 10123 BOCA CIRCLE  
CITY-ST-ZIP NAPLES FL 34109

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

TITLE DS ☐ Delete  
NAME LIGMAN, SCOTT  
STREET ADDRESS 2150 GOODLETTE RD N  
CITY-ST-ZIP NAPLES FL 34101

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

TITLE DP ☐ Delete  
NAME MATHIAS, MATT  
STREET ADDRESS 5801 PELICAN BAY BLVD  
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☒ 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

*James D. Davidson, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)