

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90212 042 ****61.25

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Delete
NAME **KILPATRICK, JON**
STREET ADDRESS **3748 ARNOLD AVE.**
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **D** ☐ Delete
NAME **MCDANIEL, MARSHA**
STREET ADDRESS **8850 TAMiami TRAIL N.**
CITY-ST-ZIP **NAPLES FL 34104**

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

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

TITLE **DP** ☒ Change ☐ Addition
NAME **Samouce, Robert**
STREET ADDRESS **11219 Salvia Lane**
CITY-ST-ZIP **Naples, FL 34105**

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 **DS** ☐ Change ☒ Addition
NAME **Irons, John**
STREET ADDRESS **5150 Tamiami Trail North**
CITY-ST-ZIP **Naples, FL 34103**

TITLE **D** ☒ Delete
NAME **MATHIAS, MATT**
STREET ADDRESS **5801 PELICAN BAY BLVD**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Change ☒ Addition
NAME **Kukk, Jöhn**
STREET ADDRESS **227 Airport Road South**
CITY-ST-ZIP **Naples, FL 34104**

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 REQUIRED Jim Davidson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

239-261-8337

Daytime Phone #

CR2E037 (10/02)