

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51394

1. Entity Name

VINEYARDS COUNTRY CLUB, INC.

Principal Place of Business

400 VINEYARDS BLVD.
NAPLES FL 34119
US

Mailing Address

400 VINEYARDS BLVD.
NAPLES FL 34119
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 65-0061541

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROGERS, ROBERT F
98 VINEYARDS BLVD
NAPLES FL 34119

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.

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
After September 12, 2001, min. will be \$236.25

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

TITLE PD
NAME PROCACCI MICHAEL
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE VD
NAME PROCACCI, JOSEPH
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE VD
NAME SAADEH, MICHEL
STREET ADDRESS 98 VINEYARDS BLVD
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE VDAS
NAME PROCACCI, MARIA
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE ST
NAME PROCACCI, MARIA
STREET ADDRESS 98 VINEYARD BLVD
CITY-ST-ZIP NAPLES FL 34119 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ 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: *Michael Procacci* MICHAEL PROCACCI 7/10/01 941-353-1551

CR2E037 (5/01)