

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90360 041 ****61.25

DOCUMENT # N51394

1. Entity Name

VINEYARDS COUNTRY CLUB, INC.

Principal Place of Business

Mailing Address

**400 VINEYARDS BLVD.
NAPLES FL 34119
US****400 VINEYARDS BLVD.
NAPLES FL 34119
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0061541

Applied For

Not Applicable

Zip

Country

Zip

Country

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****ROGERS, ROBERT F
98 VINEYARDS BLVD
NAPLES FL 34119**

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

**After September 13, 2002,
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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	PROCACCI MICHAEL	
STREET ADDRESS	98 VINEYARDS BLVD.	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	PROCACCI, JOSEPH	
STREET ADDRESS	98 VINEYARDS BLVD.	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	SAADEH, MICHEL	
STREET ADDRESS	98 VINEYARDS BLVD	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VDAS	<input type="checkbox"/> Delete
NAME	PROCACCI, MARIA	
STREET ADDRESS	98 VINEYARDS BLVD.	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input type="checkbox"/> Delete
NAME	PROCACCI, MARIA	
STREET ADDRESS	98 VINEYARD BLVD	
CITY-ST-ZIP	NAPLES FL 34119	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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: [Signature]

CR2E037 (4/02)