

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90088 021 ****61.25

DOCUMENT # N95000004349

1. Entity Name

COLLIER COUNTY 10-13 CLUB, INC.

Principal Place of Business

Mailing Address

1104 N. COLLIER BLVD.
 MARCO ISLAND FL 33937

P.O. BOX 1013
 MARCO ISLAND FL 34146-1013

2. Principal Place of Business

3. Mailing Address

188 FURSE LAKES CIR
 Suite, Apt. #, etc.
APT G-6

188 FURSE LAKES CIR
 Suite, Apt. #, etc.
APT G-6

City & State

City & State

NAPLES FL.

NAPLES FL.

Zip

Country

Zip

Country

34104

COLLIER

34104

COLLIER



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0631692

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

MAXWELL, ROBERT
188 FURSE LAKES CIR G-6
NAPLES FL 34104

(Furse)

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

188 FURSE LAKES CIR # G-6

City

NAPLES

FL

Zip Code

34104

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

Robert Maxwell

3-7-2000

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 Delete
 NAME **D KELLY, WILLIAM**
 STREET ADDRESS **1045 MAINSAIL DR #413**
 CITY-ST-ZIP **NAPLES FL 34114**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T CAPOBIAJNO, PAUL**
 STREET ADDRESS **3511 23RD AVE SW**
 CITY-ST-ZIP **NAPLES FL 34117**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP ADRIO, FRED**
 STREET ADDRESS **1611 BEGONIA CT**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CRESSWELL, JEFF**
 STREET ADDRESS **5051 TANKWOOD DR**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LARKIN, BRIAN**
 STREET ADDRESS **8165 LOWBANK DR**
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SCHIMMENTI, RANDY**
 STREET ADDRESS **210 PALMETTO DUNES CIR**
 CITY-ST-ZIP **NAPLES FL 34113**

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)(l), 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: *Robert Maxwell* **ROBERT MAXWELL** *3-7-2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)