

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90137 043 \*\*\*\*61.25

**DOCUMENT # N95000004349**

1. Entity Name

**COLLIER COUNTY 10-13 CLUB, INC.**

Principal Place of Business

Mailing Address

**209 SILVERADO DR  
 NAPLES FL 34119**

**209 SILVERADO DR  
 NAPLES FL 34119**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0631692**

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

**HARVEY, LES  
 209 SILVERADO DR  
 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 **VP**  Delete  
 NAME **BUTTERWORTH, WILLIAM**  
 STREET ADDRESS **7675 GROVES RD**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **CANDITO, FRANK**  
 STREET ADDRESS **802 PINESIDE LN**  
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **ANDER, MARY**  
 STREET ADDRESS **655 LUISA LN**  
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MAXWELL, BOB**  
 STREET ADDRESS **188 FURSE LKS CIR #G6**  
 CITY-ST-ZIP **NAPLES FL 34104**

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: *Frank Candito* **REQUIRED**

8/12/02 941-261-6622

CR2E037 (4/02)