

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90094 011 ****70.00

DOCUMENT # N95000005513

1. Entity Name

DARTMOUTH CLUB OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

821 5TH AVE S SUITE 201
NAPLES FL 34102

821 5TH AVE S SUITE 201
NAPLES FL 34102

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

65-0659596

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

Name

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

City

FL

Zip Code

KEHOE, JOHN D
821 5TH AVE S SUITE 201
NAPLES FL 34102

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D/P
BATCHELDER, JOSEPH ☐ Delete
1680 CRAYTON ROAD
NAPLES FL 34102-5126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V
Dion, Paul ☐ Change ☒ Addition
23837 Cape Branch
Bonita Springs, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V
ALLBEE, STEPHEN R ☒ Delete
5315 FOX HOLLOW DRIVE
NAPLES FL 34104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V
Moore Michael D. ☐ Change ☒ Addition
622 93rd Avenue North
Naples, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WILSON, ROBERT L ☐ Delete
201 MEADOWLARK COURT
MARCO ISLAND FL 34145-3819

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Robert L. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16 March 2002 **(941) 394-2226**
Date Daytime Phone #

CR2E037 (9/01)