

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002237

1. Entity Name

THE SERENITY CLUB OF NAPLES, INC.

FILED

May 23, 2002 8:00 am  
Secretary of State

05-23-2002 90051 011 \*\*\*\*61.25

Principal Place of Business

1725 CR 951, SUITE 107  
NAPLES FL 34116

Mailing Address

1725 CR 951, SUITE 107  
NAPLES FL 34116

2. Principal Place of Business

12435 COLLIER BLVD 107

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

Zip

Country

34116

USA

Zip

Country

4. FEI Number

65-0669435

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDDLEMAN, JERRY D  
1725 CR 951, SUITE 107  
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name

JERRY D. EDDLEMAN

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

12435 COLLIER BOULEVARD, #107

City

NAPLES

FL

Zip Code

34116

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

4/28/02

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

TITLE PD  
NAME COLLINS, RICK ☐ Delete  
STREET ADDRESS 828 11TH ST SW  
CITY-ST-ZIP MAPLES FL 34117

TITLE VPD  
NAME GARZA, JOYCE ☒ Delete  
STREET ADDRESS 9845 CITADEL LANE, #202  
CITY-ST-ZIP BONITA SPRINGS-FL 34135

TITLE TD  
NAME CIMINO, JOHN ☐ Delete  
STREET ADDRESS 828 11TH STREET SW  
CITY-ST-ZIP NAPLES FL 34117

TITLE SD  
NAME THOMAS, VANESSA ☒ Delete  
STREET ADDRESS 6041 10TH AVE SW  
CITY-ST-ZIP NAPLES FL 34116

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 VPD NEIL  
NAME NEIL EDDLEMAN ☐ Change ☒ Addition  
STREET ADDRESS 5625 CEDAR TREE LANE  
CITY-ST-ZIP NAPLES, FL 34116

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

TITLE SD  
NAME ALYSE QUINN ☐ Change ☒ Addition  
STREET ADDRESS 2392 POINCIANA DR.  
CITY-ST-ZIP NAPLES, FL 34105

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02  
Date

941-571-5987  
Daytime Phone #

CR2037 (9/01)