

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90121 036 ****61.25

DOCUMENT # N96000002237

1. Entity Name

THE SERENITY CLUB OF NAPLES, INC.



Principal Place of Business

**12435 COLLIER BLVD
107
NAPLES FL 34116**

Mailing Address

**12435 COLLIER BLVD
107
NAPLES FL 34116**

90037567



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0669435**

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

**EDDLEMAN, JERRY D
12435 COLLIER BLVD
107
NAPLES FL 34116**

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

4/17/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PO** ☒ Delete
NAME **COLLINS, RICK**
STREET ADDRESS **828 11TH ST SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **VPD** ☐ Change ☒ Addition
NAME **KIRK SAUNDERS**
STREET ADDRESS **140 CYPRESS WAY E, #1**
CITY-ST-ZIP **NAPLES, FL 34110**

TITLE **VPD** ☐ Delete
NAME **EDDLEMAN, NEIL**
STREET ADDRESS **5625 CEDAR TREE LANE**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **PD** ☒ Change ☐ Addition
NAME **MELODY JARROW**
STREET ADDRESS **220 6th STREET NE**
CITY-ST-ZIP **NAPLES, FL 34120**

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

TITLE **TD** ☒ Change ☐ Addition
NAME **QUINN, ALYSE**
STREET ADDRESS **2392 POINCIANA DRIVE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **SD** ☐ Delete
NAME **QUINN, ALYSE**
STREET ADDRESS **2392 POINCIANA DRIVE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **TD** ☒ Change ☐ Addition
NAME **QUINN, ALYSE**
STREET ADDRESS **2392 POINCIANA DRIVE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 of 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:

NEIL EDDLEMAN

DIRECTOR EMERITUS 239-353-2105

CR2E037 (10/02)