

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State
 01-18-2000 90135 034 ****61.25

DOCUMENT # N97000000304

1. Entity Name

THE P.O.L.O. CLUB OF COLLIER COUNTY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 182
 NAPLES FL 34106

P.O. BOX 182
 NAPLES FL 34106-0182

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

65-0710944

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

ESMOND, ROB
1381 WILDWOOD LAKES BLVD #7
NAPLES FL 34104

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.

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. **EXISTING OFFICERS AND DIRECTORS**

11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **TD** ☐ Delete
 NAME **ESMOND, ROB**
 STREET ADDRESS **1381 WILDWOOD LAKES BLVD #7**
 CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE **PD** ☐ Delete
 NAME **CHURCH, WENDY**
 STREET ADDRESS **28441 TAMiami TRAIL S #208**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☒ Change ☐ Addition
 NAME **CHURCH, WENDY**
 STREET ADDRESS **56 SEVENTH ST.**
 CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **VD** ☐ Delete
 NAME **KASLEY, CHRISTI**
 STREET ADDRESS **830-G MEADOWLAND DR.**
 CITY-ST-ZIP **NAPLES FL 34110**

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

TITLE **SD** ☐ Delete
 NAME **ROBERTO, LIDIA**
 STREET ADDRESS **1052 LAKE SHORE CT.**
 CITY-ST-ZIP **NAPLES FL 34103**

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

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 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 titles empowered.

SIGNATURE:

ROBERTO, LIDIA TREASURER

1/9/00

941-590-1068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)