

Jun 29, 2000 8:00 am

Secretary of State

05-26-2000 90106 013 \*\*\*\*61.25

By: CARLA BONTEN REALTY;

9419499116;

Jun-20-

5/26/00-S

## UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005197

AMERICAN CLUB OF SW FLORIDA, INC.

Principal Place of Business

Mailing Address

MILL RUN CIRCLE  
FL 341096636 MILL RUN CIRCLE  
NAPLES FL 34109-7209

306981

Principal Place of Business

3-Mailing Address

110 TOWBRIDGE CT FL 34135

13710 TOWBRIDGE CT FL 34135

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

BONITA SPRINGS

City &amp; State

BONITA SPRINGS FL

4. FEI Number

59-3472403

Applied For

Not Applicable

Zip

4134

Country

Zip

34135

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

MICHAEL  
TRUST BANK  
TAMiami TRAIL NORTH  
FL 34103Name  
CARLA BONTEN

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

13710 TOWBRIDGE CT

City  
BONITA SPRINGS

FL

Zip Code  
34135

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution.☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## OFFICERS AND DIRECTORS

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

| ADDRESS<br>-ZIP                                                   | NAME                                       | TITLE | STREET ADDRESS | CITY-STATE-ZIP | Change                                     | Addition                          |
|-------------------------------------------------------------------|--------------------------------------------|-------|----------------|----------------|--------------------------------------------|-----------------------------------|
| DP<br>VISSER, JAN<br>209 TOPANGA DRIVE<br>BONITA SPRINGS FL 34134 | <input type="checkbox"/> Delete            |       |                |                | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
| DS<br>MULLER, MICHAEL<br>6636 MILL RUN CIRCLE<br>NAPLES FL 34109  | <input checked="" type="checkbox"/> Delete |       |                |                | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| DT<br>BERNSEN, MICHAEL<br>6370 HUNTERS ROAD<br>NAPLES FL 34109    | <input checked="" type="checkbox"/> Delete |       |                |                | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|                                                                   | <input type="checkbox"/> Delete            |       |                |                | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|                                                                   | <input type="checkbox"/> Delete            |       |                |                | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |
|                                                                   | <input type="checkbox"/> Delete            |       |                |                | <input type="checkbox"/> Change            | <input type="checkbox"/> Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VISSER

5-1-00

941-947-5257

Date

Daytime Phone #

C 02E037 (9/99)