

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006758

1. Entity Name

EVERGLADES REGION, PORSCHE CLUB OF AMERICA, INC.

FILED
Sep 21, 2001 8:00 am
Secretary of State

09-21-2001 90003 015 ***236.25

Principal Place of Business

3951 MERCANTILE AVE
 NAPLES FL 34106

Mailing Address

P O BOX 2911
 NAPLES FL 34106

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

59-3482813

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

STELZER, WILLIAM
 301 AIRPORT ROAD NORTH
 NAPLES FL 34104

Name ~~STELZER~~

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
 After September 12, 2001, min. will be \$236.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	GREENBERG, DAVID	
STREET ADDRESS	1620 WINTER RD	
CITY-ST-ZIP	FT MYERS FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINNANT, NANETTE M	
STREET ADDRESS	P O BOX 755 N/A	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HINNANT, LARRY	
STREET ADDRESS	P O BOX 755 N/A	
CITY-ST-ZIP	NAPLES FL 34106	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KISER, RORY	
STREET ADDRESS	3341 23 AVE SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUG, ARNOLD	
STREET ADDRESS	1010 SE 12TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAPP, MICHAEL D	
STREET ADDRESS	3802 KENT DR	
CITY-ST-ZIP	NAPLES FL 34112	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chernack, Walter	
STREET ADDRESS	6625 Stargate Dr	
CITY-ST-ZIP	Naples FL 34109	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stebbins, Anne	
STREET ADDRESS	184 Furse Lakes Cir #8	
CITY-ST-ZIP	Naples FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAIN, Stephen	
STREET ADDRESS	15 NEWBURY PL	
CITY-ST-ZIP	Naples FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shafer, Rick	
STREET ADDRESS	2529 SW 27th Pl	
CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stebbins, Paul	
STREET ADDRESS	184 Furse Lakes Cir #8	
CITY-ST-ZIP	Naples, FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

STEPHEN C MAIN 941-774-0222

001374

CR2E037 (5/01)