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Feb 24, 1999 8:00 am  
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02-24-1999 90065 047 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000002188**

1. Corporation Name

**NAPLES BULLDOGS WRESTLING CLUB, INC.**

Principal Place of Business

6160 GREEN BLVD.  
NAPLES FL 34116-4824

Mailing Address

6160 GREEN BLVD.  
NAPLES FL 34116-4824



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/15/1998

4. FEI Number

59-3519503

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

KOLEGUE, LAWRENCE  
6160 GREEN BLVD.  
NAPLES FL 34116-4824

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME KOLEGUE, LAWRENCE  
STREET ADDRESS 6160 GREEN BLVD.  
CITY-ST-ZIP NAPLES FL 34116-4824

TITLE D ☐ DELETE

NAME WALSH, ROB  
STREET ADDRESS 6055 22ND AVE. S.W.  
CITY-ST-ZIP NAPLES FL 34116

TITLE D ☐ DELETE

NAME KOLEGUE, KENT  
STREET ADDRESS 6160 GREEN BLVD.  
CITY-ST-ZIP NAPLES FL 34116-4824

TITLE D ☐ DELETE

NAME BRODY, LINDA  
STREET ADDRESS 270 MENTOR DR.  
CITY-ST-ZIP NAPLES FL 34116

TITLE D ☐ DELETE

NAME DIGIACOMO, WAYNE  
STREET ADDRESS 1953 40TH TERRACE S.W.  
CITY-ST-ZIP NAPLES FL 34116

TITLE D ☐ DELETE

NAME THOMPSON, DONALD  
STREET ADDRESS 4610 22ND PLACE S.W.  
CITY-ST-ZIP NAPLES FL 34116

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/D ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE P/D ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE D/A ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT WALSH 1-999 941-353-7192

Date

Daytime Phone #

CR2E037 (1/98)