

N9900000 2010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

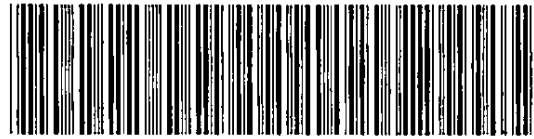
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/13/17--01036--003 \*\*35.00

S. TALLENT

JUN 20 2017

*Amend*

FILED  
17 JUN 19 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2017

PAM BEATTY  
SPORTS CAMP, INC.  
3275 PINE RIDGE RD  
NAPLES, FL 34109

SUBJECT: SPORTS CAMP, INC.  
Ref. Number: N99000002010

We have received your document for SPORTS CAMP, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

ON PAGE 1 OF 4, PLEASE STATE NAME OF CORPORATION AND DOCUMENT NUMBER.

PLEASE NOTE THAT ALL PAGES OF THE AMENDMENT FORM MUST BE SUBMITTED IN ORDER FOR THE DOCUMENT TO BE FILED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 217A00012157

I sent this in a couple of days ago  
without the check!

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Sports Camp, Inc

DOCUMENT NUMBER: N 99 000000 2010

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pam Beatty

(Name of Contact Person)

Sports Camp, Inc.

(Firm/ Company)

3275 Pine Ridge Rd

(Address)

Naples, FL 34109

(City/ State and Zip Code)

pbeatty@sportsclubnaples.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Beatty

(Name of Contact Person)

at 231 330-2441  
(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILE 5/16/17

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Sports Camp, Inc.

**DOCUMENT NUMBER:** N 99 00000 2010

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Please return all correspondence concerning this matter to the following:

Pam Beatty

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(Name of Contact Person)

Sports Camp, Inc.

\_\_\_\_\_  
(Firm/ Company)

3275 Pine Ridge Rd

\_\_\_\_\_  
(Address)

Naples, FL 34109

\_\_\_\_\_  
(City/ State and Zip Code)

pbeatty@sportsclubnaples.org

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For further information concerning this matter, please call:

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Clifton Building  
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Tallahassee, FL 32301

17 JUN -8 PM 2:07

Articles of Amendment  
to  
Articles of Incorporation  
of

Sports Camp, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

NA900402010

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position

Signature of New Registered Agent, if changing

17 JUN 19 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:  
(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

|  |           |                    |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

Type of Action  
(Check One)

Title

Name

Address

1) ☐ Change

V, T

William J. Carufe

3275 Pine Ridge Rd

☐ Add

Naples, FL

☒ Remove

34109

2) ☒ Change

V, T

Lynne J. Eastman

3275 Pine Ridge Rd

☐ Add

Naples, FL

☐ Remove

34109

3) ☒ Change

D, S

Michelle Bracci

3275 Pine Ridge Rd

☐ Add

Naples, FL 34109

☐ Remove

4) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

5) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

6) ☐ Change

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Add

\_\_\_\_\_

☐ Remove

\_\_\_\_\_

[illegible]

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 6-4-17

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Lane Beatty  
(Typed or printed name of person signing)

President  
(Title of person signing)