941-415-/// D Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Name	MENT # P9700 0 ONAL CLUB SERVICES OF				Secretary 6 07-12-2001 90122 0	of Stat	te
Principal Place of Business 17595 S TAMIAMI TRAIL STE 202 FT MYERS FL 33908 US		Mailing Address 17595 S. TAMIAMI TRAIL SUITE 202 FORT MYERS FL 33908 US					
Suite, Apt.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN TH		
City & State		City & State		4. FEI	Number 59-3477786	<u> </u>	plied For t Applicable
Zip 339	Country	Zip	Country	5. Cer	tificate of Status Desired	\$8.75 Addi Fee Required	
	6. Name and Address of Current F	tegistered Agent			ne and Address of New Register	d Agent	
SARVER, ROBERT L II 17595 S. TAMIAMI TRAIL STE 202			Name Street A	Street Address (P.O. Box Number is Not Acceptable)			
	ERS FL 33908		City		F	Zip Code)
9. This corpo	Signature, typed or printed name of registered agent a ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back) OFFICERS AND I	FILE NOW! After September 12 Make Check Payab		.00 be \$750.00 ht of State	10. Election Campaign Financing Trust Fund Contribution. TIONS/CHANGES TO OFFICERS A	\$5.00 Added	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEECHLY, C S JR 7550 SUNSHINE SKYWAY LANE ST. PETERSBURG FL 33711	T43	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARNER 9233 P. FT. My	Robert L II ucappie rd ers Fl 33912	√ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SARVER, JOHN C 9232 PINEAPPLE ROAD FORT MYERS FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	PD SARVER, ROBERT L II 9232 PINEAPPLE RD FORT MYERS FL 33912	Delete	NAME STREET ADDRESS CITY-ST-ZIP	REBECCA 9233 F FT, M	SARVER- PNEAPPIERD. 14BRS FL 3391	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address,	true and accurate and that r wered to execute this report	ny signature snaii . as required by Ch				