

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90250 001 \*1,772.50

DOCUMENT # P99000009911

1. Entity Name  
NAPLES RESERVE GOLF CLUB, INC.



Principal Place of Business  
~~98 VINEYARDS BOULEVARD~~  
NAPLES FL 34119

Mailing Address  
~~98 VINEYARDS BOULEVARD~~  
NAPLES FL 34119



2. Principal Place of Business  
75 Vineyards Blvd

3. Mailing Address  
75 Vineyards Blvd.

Suite, Apt. #, etc.  
#500

Suite, Apt. #, etc.  
#500

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number 59-3559256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ROGERS, ROBERT F  
~~98 VINEYARDS BOULEVARD~~  
NAPLES FL 34119

## 7. Name and Address of New Registered Agent

Name

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

75 Vineyards Blvd #500

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

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

TITLE D ☐ Delete  
NAME PROCACCI, MICHAEL  
STREET ADDRESS ~~98 VINEYARDS BOULEVARD~~  
CITY-ST-ZIP NAPLES FL 34119

TITLE ☒ Change ☐ Addition  
NAME 75 Vineyards Blvd #500  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME PROCACCI, JOSEPH  
STREET ADDRESS ~~98 VINEYARDS BOULEVARD~~  
CITY-ST-ZIP NAPLES FL 34119

TITLE ☒ Change ☐ Addition  
NAME 75 Vineyards Blvd #500  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME SAADEH, MICHEL  
STREET ADDRESS ~~98 VINEYARDS BOULEVARD~~  
CITY-ST-ZIP NAPLES FL 34119

TITLE ☒ Change ☐ Addition  
NAME 75 Vineyards Blvd #500  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME ROGERS, ROBERT  
STREET ADDRESS ~~98 VINEYARDS BOULEVARD~~  
CITY-ST-ZIP NAPLES FL 34119

TITLE ☒ Change ☐ Addition  
NAME 75 Vineyards Blvd #500  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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

1/23/03 239 3043444  
Date Daytime Phone #

CR2E034 (10/02)