2000	UNIFORM BUSIN	IESS REPO	RT (	UBF	<b>?</b> )					TD	D	
DOCUMENT # P99000023769						FILED May 18, 2000 8:00 am Secretary of State 05-18-2000 90386 024 ***158.75						
CORAL REEF CLUB, INC.												
Principal Place	of Business	Mailing Address						00 10 1			21 15	0.70
7804 COCOBAY NAPLES FL 341(		7804 COCOBAY COURT NAPLES FL 34108-6508										
- ' -	RAND ISLE DRIVE	3. Mailing Address 1108 GRAND TSUE DRIVE Suite, Apt. #, etc.			RIVE	DO NOT WRITE IN THIS SPACE						
Gity & State	ES, FLORIDA	City & State	DRI			4. FEIN		257	76	22		Applied For Not Applicable
3410		34108	Counti		<b>\</b> .		ficate of S		sired	X	<b>\$8.75</b> A Fee Requi	dditional
-	6. Name and Address of Current Re	gistered Agent		Name						2 -		
PFEUFFER, WILLIAM A 1124 GOODLETTE ROAD NAPLES FL 34102					ddress (P.	O. Box N	lumber is	Not Acce	ptable)	······································		
			-	City						FL	Zip Co	de
8. The above a	named entity submits this statement for th	e purpose of changing its r	egistere	d office or	registered	d agent,	or both, ir	the State	e of Floric	la.		
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered	Agent signatu	ire required w	hen reinstat	ing)			DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)				vill be \$5	50.00		0. Electio Trust F	n Campa und Cont	-	icing		00 May Be ed to Fees
11.	OFFICERS AND DI	<u> </u>	12.			ADDIT		ANGES T	O OFFIC	ERS ANI		
TITLE NAME STREET ADDRESS		Delete		T ADDRESS	1108		ENA-		AS SLE	Da		Addition
CITY-ST-ZIP TITLE		Delete	TITLE	ST-ZIP	NAN	<u>PLE</u> 12.70	<u>s, F</u>	<u>L</u> Z	5410	8	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	1107	CHE	RYL		5561 5561 341		RIVE	
TITLE NAME		Delete	TITLE				<u>∽,                                    </u>	<u>_</u>	<u>en - / /</u>	<u>.</u>	Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE				T ADDRESS ST- ZIP							Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST- ZIP								
TITLE NAME		Delete	title Name		·						Change	Addition
STREET ADDRESS CITY-ST-ZIP				T ADORESS ST- ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		T ADDRESS ST-ZIP							Change	Addition
13. I hereby c indicated of the corr	ertify that the information supplied with th on this report or supplemental report is tro- soration or the receiver or trusted empowe or on an attachment with an address, with URE:	ue and accurate and that me ared to execute this report a	the exen	nption stat	ave the sa	ame lega	l effect as	ut made i	under oai	th: that I	am an offici	er or director I
	SIGNATURE AND TIPED OR PRIN	TED NAME OF SIGNING OFFICER O	R DIRECTO	DR				Date	ł		Daytime Phone i	