

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90060 001 \*1,650.00

**DOCUMENT # P99000023769**

1. Entity Name  
**CORAL REEF CLUB, INC.**

Principal Place of Business: **1108 GRAND ISLE DR. NAPLES FL 34108**

Mailing Address: **1108 GRAND ISLE DR. NAPLES FL 34108**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-3577622** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent  
**PFEUFFER, WILLIAM A**  
**1124 GOODLETTE ROAD**  
**NAPLES FL 34108**

7. Name and Address of New Registered Agent  
 Name: **JAMES DELLAS**  
 Street Address (P.O. Box Number is Not Acceptable): **1108 GRAND ISLE DR**  
 City: **NAPLES** FL Zip Code: **34108**

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.

SIGNATURE: **JAMES DELLAS** (NOTE: Registered Agent Signature Required when Re-Registering) DATE: **8/3/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>DELLAS, JAMES P</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>1108 GRAND ISLE DR.</b>	CITY-ST-ZIP: <b>NAPLES FL 34108</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>DEERING, CHERYL</b>	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>1108 GRAND ISLE DR.</b>	CITY-ST-ZIP: <b>NAPLES FL 34108</b>	STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: <input type="checkbox"/> Delete	NAME:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	STREET ADDRESS:	CITY-ST-ZIP:

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** DATE: **8/3/01** PHONE: **941-949-8989**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/time Phone #

CR2E034 (5/01)