

1/22/01

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2001 8:00 am Secretary of State

01-22-2001 90099 028 ****61.25

DOCUMENT # 702320

1. Entity Name

FRIENDS OF THE LIBRARY OF COLLIER COUNTY, INC.



Principal Place of Business

650 CENTRAL AVENUE NAPLES FL 34102 US

Mailing Address

P.O. BOX 2921 NAPLES FL 34106-2921

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1030780

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

7. Name and Address of New Registered Agent

BENSON, RICHARD H 6557 RIDGEWOOD DR NAPLES FL 34108

JAY WOLFF 1669 Spoonbill Lane Naples, FL 34105

Name

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

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.

SIGNATURE

Signature of Jay Wolff

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

DT HERTEL, FREDERICK 815 BUTTON BUSH LN NAPLES FL 34108

DT BENSON, RICHARD H. 655 RIDGEWOOD DRIVE NAPLES, FL 34108

DV WOLFF, JAY 1669 SPOONBILL LN NAPLES FL 34105

DV HOLER ECKHARDT 654 VINTAGE RESERVE CIRCLE NAPLES FL 34119

DP BENSON, RICHARD H 6557 RIDGEWOOD DR NAPLES FL 34108

DP JAY WOLFF 1669 SPOONBILL LANE # B NAPLES, FL 34105

S SHUBERT, SHARYN WILLIAM 641 JACANA CIRCLE NAPLES FL 34105

Empty row for additions/changes

Empty row for officers/directors

Empty row for additions/changes

Empty row for officers/directors

Empty row for additions/changes

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 617, 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 of Jay Wolff

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)