

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90129 046 \*\*\*\*61.25

**DOCUMENT # 704053**

1. Entity Name

**COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC.**

Principal Place of Business

Mailing Address

COLLIER CO. SHERIFF'S OFFICE  
 3301 E. TAMiami TRAIL - BLDG. J  
 NAPLES FL 34112

COLLIER CO. SHERIFF'S OFFICE  
 3301 E. TAMiami TRAIL - BLDG. J  
 NAPLES FL 34112-4961

00071000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1638443**

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

**HUNTER, DON**  
**3301 E TAMiami TRAIL BLDG J**  
**NAPLES FL 34112**

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **D**  Delete  
 NAME **OATES, EDWARD J**  
 STREET ADDRESS **2935 BELLFLOWER LANE**  
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **D**  Change  Addition  
 NAME **JUDAN CRUM**  
 STREET ADDRESS **2648 WEEKS AVENUE**  
 CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D**  Delete  
 NAME **SALLEY, SCOTT L**  
 STREET ADDRESS **3301 E. TAMiami TRAIL - BLDG. J.**  
 CITY-ST-ZIP **NAPLES, FL**

TITLE **D**  Change  Addition  
 NAME **ANDREW HARTLINE**  
 STREET ADDRESS **801 LAUREL OAK DRIVE**  
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **SD**  Delete  
 NAME **PASSIDOMO, KATHLEEN C**  
 STREET ADDRESS **2640 GOLDEN GATE PARKWAY**  
 CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **D**  Change  Addition  
 NAME **DOLLY BOECK ROBERTS**  
 STREET ADDRESS **382 BROAD AVENUE SOUTH**  
 CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **PD**  Delete  
 NAME **WOOD, JOHN R**  
 STREET ADDRESS **3255 TAMiami TRAIL**  
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D**  Change  Addition  
 NAME **PAUL LINDABURY**  
 STREET ADDRESS **2125 MARINA DRIVE**  
 CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **D**  Delete  
 NAME **CARROLL, RAYMOND**  
 STREET ADDRESS **2500 AIRPORT RD S**  
 CITY-ST-ZIP **NAPLES, FL**

TITLE **PD**  Change  Addition  
 NAME **RAYMOND E. CARROLL**  
 STREET ADDRESS **2500 AIRPORT ROAD S., STE. 206**  
 CITY-ST-ZIP **NAPLES, FL 34112**

TITLE **D**  Delete  
 NAME **MORTON, ED**  
 STREET ADDRESS **PO BOX 413029 NA**  
 CITY-ST-ZIP **NAPLES FL**

TITLE **D**  Change  Addition  
 NAME **DOUG CAPERSON**  
 STREET ADDRESS **3301 TAMiami TRAIL E., BLDG. J.**  
 CITY-ST-ZIP **NAPLES, FL 34112**

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:

*RAYMOND CARROLL*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 APRIL 2000 941.775.1147

Date Daytime Phone #

CR2E037 (9/99)