

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

0072693

04-24-2001 90281 004 ****61.25

DOCUMENT # 704053
 1. Entity Name
COLLIER COUNTY JUNIOR DEPUTIES LEAGUE, INC.

Principal Place of Business COLLIER CO. SHERIFF'S OFFICE 3301 E. TAMiami TRAIL - BLDG. J NAPLES FL 34112	Mailing Address COLLIER CO. SHERIFF'S OFFICE 3301 E. TAMiami TRAIL - BLDG. J NAPLES FL 34112
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1638443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HUNTER, DON
 3301 E TAMiami TRAIL BLDG J
 NAPLES FL 34112**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE NAME	D CRUM, SUSAN	<input type="checkbox"/> Delete
STREET ADDRESS	2648 WEEKS AVE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME	D SALLEY, SCOTT L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3301 E. TAMiami TRAIL - BLDGE. J.	
CITY-ST-ZIP	NAPLES FL	
TITLE NAME	SD PASSIDOMO, KATHLEEN C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2640 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34105	
TITLE NAME	PD WOOD, JOHN R	<input type="checkbox"/> Delete
STREET ADDRESS	3255 TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE NAME	SD CARROLL, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	2500 AIRPORT RD S STE 206	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME	D MORTON, ED	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 413029 NA	
CITY-ST-ZIP	NAPLES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D CAPERTON, DOUG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	MEDITERRA	
CITY-ST-ZIP	15836 SAVONAWAY, NAPLES FL 34110	
TITLE NAME	D ROBERTS, DOLLY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	382 BROAD AVE SOUTH	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE NAME	D ROGERS, AUBREY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6228 PARKERS HAMMOCK RD	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE NAME	VPD MILES L. SCOFIELD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3584, B EXCHANGE AVE	
CITY-ST-ZIP	NAPLES, FL 34104	
TITLE NAME	SD VICTORIA M. FREEMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1149 ST CLAIR SHS RD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE NAME	D HODGES, EARL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2140 COACHOUSE LN,	
CITY-ST-ZIP	NAPLES FL 34105	

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: Victoria M. Freeman **TREASURER** **4/12/01 (941) 993-9383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)