

FILE NO. FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90041 005 ****61.25

DOCUMENT # 704669

1. Corporation Name

THE UNITED WAY OF COLLIER COUNTY, INC.

DOCUMENT 1

Principal Place of Business

852 1ST AVE SOUTH
NAPLES FL 33940

Mailing Address

852 1ST AVE SOUTH
NAPLES FL 33940



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/16/1962

4. FEI Number

59-1026096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRETZMANN, ERNEST
852 1ST AVE, S
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME HAZZARD WILLIAM
STREET ADDRESS 3001 9TH ST N
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE

NAME MCKIM, MISSY
STREET ADDRESS 735 8TH STREET S
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE

NAME VORIS DOUG
STREET ADDRESS 796 5TH AVE S
CITY-ST-ZIP NAPLES FL

TITLE D ☒ DELETE

NAME KAY BRINKMEYER
STREET ADDRESS 971 AIRPORT RD N
CITY-ST-ZIP NAPLES FL

TITLE S ☐ DELETE

NAME BRETZMANN, ERNEST
STREET ADDRESS 852 1ST AVENUE S
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME OCHS, LEO
1.3 STREET ADDRESS 3301 TAMiami TRAIL E.
1.4 CITY-ST-ZIP NAPLES FL 34112

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME PFAHL, URSULA
2.3 STREET ADDRESS 1005 TIERRA LAGO WAY
2.4 CITY-ST-ZIP NAPLES FL 34119

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME BUA, EMILY
3.3 STREET ADDRESS 4300 GULF SHORE BLVD N.
3.4 CITY-ST-ZIP NAPLES FL 34103

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME ROGGE, SUSAN
4.3 STREET ADDRESS 4099 TAMiami TRAIL N.
4.4 CITY-ST-ZIP NAPLES FL 34103

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED ERNEST BRETZMANN

1-11-99

941-261-7112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)