

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90005 001 *1,050.00

DOCUMENT # 724120

1. Entity Name

TECH OF COLLIER COUNTY, INC.

Principal Place of Business

Mailing Address

3984 ARNOLD AVENUE
 NAPLES FL 34101
 US

C/O LESLIE W. LEECH, JR
 9040 SUNSET DR
 MIAMI FL 33173-3432
 US

9009



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

59-1564538

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

LEECH, LESLIE W JR.
 9040 SUNSET DR., STE. 70A
 MIAMI FL

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	<input type="checkbox"/> Delete
NAME	TUCKER, GERALDINE	
STREET ADDRESS	8100 SW 133 COURT	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPELIOS, GEORGE L	
STREET ADDRESS	16920 SW 192 ST	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINGER, STEVEN M	
STREET ADDRESS	2650 SW 27 AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRINGARDNER, THOMAS A	
STREET ADDRESS	2220 IMPRL GOLF CRSE BLV	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEECH, LESLIE W JR	
STREET ADDRESS	9040 SUNSET DR	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leech, Leslie W. Jr	
STREET ADDRESS	9040 Sunset Dr.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weeks, James G.	
STREET ADDRESS	9040 Sunset Dr.	
CITY-ST-ZIP	Miami, FL 33173	

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:

(Handwritten Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie W. Leech, Jr. 1/5/00 305-596-9040

Date

Daytime Phone #

CR2E037 (9/99)