

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90017 046 ****61.25

DOCUMENT # 730792

1. Entity Name

COLLIER PREGNANCY CENTERS, INC.

Principal Place of Business

970 FIFTH AVE N
 NAPLES FL 34102
 US

Mailing Address

970 FIFTH AVE N
 NAPLES FL 34102
 US

903954



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

51-0204833

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

BECKNER, RENEE S
 3040 ORANGE GROVE TRAIL
 NAPLES FL 34120

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 Renee S. Beckner, Executive Director

1-15-01

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	DT	<input type="checkbox"/> Delete
NAME	BUCALO, PATRICIA	
STREET ADDRESS	985 TARPON COVE DR #202	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BARONE, LUCIA	
STREET ADDRESS	3011 70TH AVE S	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CONN, DAVID	
STREET ADDRESS	127 MURFIELD CIRCLE	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MURPHY, MAUREEN	
STREET ADDRESS	3940 GORDON DR	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRIS, TOM	
STREET ADDRESS	3980 GORDON DR	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SELLS, DONN	
STREET ADDRESS	6780 SABAL RIDGE DR	
CITY-ST-ZIP	NAPLES FL 34109	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Timmis	
STREET ADDRESS	2950 Ft. Charles Drive	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Colosimo	
STREET ADDRESS	150 Logan Blvd. South	
CITY-ST-ZIP	Naples, FL 34119	
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		

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: Renee S. Beckner REQUIRE Renee S. Beckner 1-15-01 941-262-6381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)