

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90060 014 ****61.25

DOCUMENT # 730792

1. Entity Name

COLLIER PREGNANCY CENTERS, INC.

Principal Place of Business

Mailing Address

970 FIFTH AVE N
 NAPLES FL 34102
 US

970 FIFTH AVE N
 NAPLES FL 34102
 US

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

51-0204833

Applied For

Not Applicable

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

Jan. 31, 2002

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: Delete
 NAME BUCALO, PATRICIA
 STREET ADDRESS 985 TARPON COVE DR #202
 CITY-ST-ZIP NAPLES FL 34110

TITLE DST Change Addition
 NAME PATRICIA BUCALO
 STREET ADDRESS 985 TARPON COVE DR #202
 CITY-ST-ZIP NAPLES FL 34110

TITLE DP Delete
 NAME BARONE, LUCIA
 STREET ADDRESS 3011 70TH AVE S
 CITY-ST-ZIP NAPLES FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DV Delete
 NAME CONN, DAVID
 STREET ADDRESS 127 MURFIELD CIRCLE
 CITY-ST-ZIP NAPLES FL 34112

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DS Delete
 NAME MURPHY, MAUREEN
 STREET ADDRESS 3940 GORDON DR
 CITY-ST-ZIP NAPLES FL 34102

TITLE D Change Addition
 NAME MAUREEN MURPHY
 STREET ADDRESS 3940 GORDON DR.
 CITY-ST-ZIP NAPLES FL 34102

TITLE D Delete
 NAME HARRIS, TOM
 STREET ADDRESS 3980 GORDON DR
 CITY-ST-ZIP NAPLES FL 34116

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME TIMMIS, MICHAEL
 STREET ADDRESS 2950 FT CHARLES DRIVE
 CITY-ST-ZIP NAPLES FL 34102

TITLE D Change Addition
 NAME JAMES COLOSIMO
 STREET ADDRESS 150 LOGAN BLVD., S.
 CITY-ST-ZIP NAPLES FL 34119

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:

Patricia Bucalo PATRICIA BUCALO

1/26/02

(941) 248-0694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)