FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90151 013 ****61.25

0063259

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 755717

1. Corporation Name
UNITED ARTS COUNCIL OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
1051 5TH AVE S SUITE 300 NAPLES FL 33940-4435 US	1051 5TH AVE S SUITE 300 NAPLES FL 33940-4435 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/30/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2070580 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CARDILLO, JOHN P.
3550 TAMIAMI TRAIL E.
NAPLES FL 33962

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, MARILYN		1.2 NAME	
STREET ADDRESS	704 HOLLYBRIAR LN		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 3410		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STAMM, TIM		2.2 NAME	
STREET ADDRESS	2430 SHADOWLAWN DR #14		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33962		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RUCKER, ROBIN		3.2 NAME	
STREET ADDRESS	4001 TAMIAMI TR N		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LELONEK, JOY		4.2 NAME	
STREET ADDRESS	7024 PELICAN BAY BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GRUSZKA, MARY M		5.2 NAME	
STREET ADDRESS	807 RIVERPOINT DR #103D		5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942		5.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENSON, CONNIE		6.2 NAME	
STREET ADDRESS	3710 ESTEY AVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 Joy Lelonek 1/3/98 941-263-8242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #