

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

0001735

**DOCUMENT # 761208**

1. Entity Name

**COLLIER BUILDING INDUSTRY ASSOCIATION, INC.**

04-22-2002 90177 045 \*\*\*\*70.00

Principal Place of Business

Mailing Address

**4779 ENTERPRISES AVENUE  
 NAPLES FL 34104  
 US**

**4779 ENTERPRISES AVENUE  
 NAPLES FL 34104  
 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

**59-1284455**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIS, DAVID  
 4779 ENTERPRISES AVENUE  
 NAPLES FL 34104**

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**  Delete  
 NAME **LONGO, DINO**  
 STREET ADDRESS **1923 TRADE CTR. WAY**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE **Director**  Change  Addition  
 NAME **BOB GUIDIDAS**  
 STREET ADDRESS **5150 TAMiami TR. N**  
 CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D**  Delete  
 NAME ~~**CRAWFORD, WALTER**~~  
 STREET ADDRESS **24301 WALDEN CTR. DR.**  
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SPINELLI, BILL**  
 STREET ADDRESS **3927 ARNOLD AVENUE**  
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **GATES, TODD**  
 STREET ADDRESS **5405 PARK CENTRAL CT**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **ELLIS, DAVID**  
 STREET ADDRESS **2465 TRADE CENTER WAY**  
 CITY-ST-ZIP **NAPLES FL 34109**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TIBSTRA, TREVOR**  
 STREET ADDRESS **4601 ENTERPRISES AVENUE**  
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE  Change  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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID ELLIS 4-9-02 239-436-6100**  
 Date Daytime Phone #

CR2E037 (9/01)