

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90112 044 ****70.00

UD3414

DOCUMENT # 761208

1. Entity Name

COLLIER BUILDING INDUSTRY ASSOCIATION, INC.



Principal Place of Business

**4779 ENTERPRISES AVENUE
NAPLES FL 34104
US**

Mailing Address

**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

CHECK-HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GUIDIDAS, BOB | |
| STREET ADDRESS | 5150 TAMiami TR N | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CRAWFORD, WALTER | |
| STREET ADDRESS | 24301 WALDEN CTR. DR. | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34134 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SPINELLI, BILL | |
| STREET ADDRESS | 3927 ARNOLD AVENUE | |
| CITY-ST-ZIP | NAPLES FL 34104 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | GATES, TODD | |
| STREET ADDRESS | 5405 PARK CENTRAL CT | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ELLIS, DAVID | |
| STREET ADDRESS | 2485 TRADE CENTER WAY | |
| CITY-ST-ZIP | NAPLES FL 34109 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TIBSTRA, TREVOR | |
| STREET ADDRESS | 4801 ENTERPRISES AVENUE | |
| CITY-ST-ZIP | NAPLES FL 34104 | |

| | | |
|----------------|---------------------------------|--|
| TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRIS LECROY | |
| STREET ADDRESS | 3640 KENT DR | |
| CITY-ST-ZIP | NAPLES, FL 34112 | |
| 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 | DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAM VARIAN | |
| STREET ADDRESS | 1400 BLUEPOINT AVE #1022 | |
| CITY-ST-ZIP | NAPLES, FL 34102 | |
| 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: **SIGNATURE REQUIRED**

4-1-03 239-436-6100

CR2E037 (10/02)