

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # N13429

1. Entity Name

LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY EDUCATI

FILED

May 22, 2000 8:00 am

Secretary of State

04-23-2000 90056 027 ****61.25

Principal Place of Business 660 9TH ST. NORTH SUITE 35B NAPLES FL 34102 US	Mailing Address 660 9TH ST. NORTH SUITE 35B NAPLES FL 34102-8139 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2659558	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FITCH, DOROTHY J. 222 HARBOUR DR. NAPLES FL 34103	7. Name and Address of New Registered Agent Name Patricia D. Clark Street Address (P.O. Box Number is Not Acceptable) 201 Colonnade Circle City Naples FL Zip Code 34103
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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 <u>Patricia D. Clark</u> Patricia D. Clark 1st Vice President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	4/17/00 DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice Pres. CLARK, PATRICIA Trustee 201 COLONADE CIRCLE NAPLES FL <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Title	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer-Trustee Edward J Oates Jr. 2935 Bellflower Lane Naples FL 34105 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CRANDALL, GRACE 21 HIGH POINT CIR., #303 NAPLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Trustee Alda Rowe Pierce 517 Regatta Rd Naples FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SLEBODNIK, KATHLEEN -Trustee 32 PEBBLE BCH BLVD NAPLES FL 34113 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACMILLAN, CLAIRE 14 SABRE CAY NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIOTT, BARBARAY 3584 SANTIAGO WAY NAPLES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 D. Clark 4/13/2000 (941-263-2214)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (9/99)