

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90042 037 \*\*\*\*61.25

DOCUMENT # **N13429**

1. Entity Name

**LEAGUE OF WOMEN VOTERS OF COLLIER COUNTY  
EDUCATION ACCOUNT**

Principal Place of Business

Mailing Address

**660 9th St., North  
Suite 35-B  
Naples, Florida 34102**

**660 9th St., North  
Suite 35-B  
Naples, Florida 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

**59-2659558**

Not Applicable

Zip

Country

Zip

Country

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

**Patricia S. Clark  
201 Colonade Circle,  
Naples, Florida 34103**

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 NAME **President - PT** ☐ Delete  
STREET ADDRESS **Alda Pierce**  
CITY-ST-ZIP **517 Regatta Rd.,  
Naples, FL 34103**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **1st, V.P. - IVT** ☐ Delete  
STREET ADDRESS **Pat Clark**  
CITY-ST-ZIP **201 Colonade Circle,  
Naples, FL 34103**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **2nd V.P. - T** ☐ Delete  
STREET ADDRESS **Kathleen Slebodnik**  
CITY-ST-ZIP **32 Pebble Beach Blvd.,  
Naples, FL 34113**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **Secretary - ST** ☐ Delete  
STREET ADDRESS **Claire MacMillan**  
CITY-ST-ZIP **14 Sable Cay,  
Naples, FL 34102**

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME **Treasurer** ☒ Delete  
STREET ADDRESS **Edward Oates**  
CITY-ST-ZIP **2935 Bellflower La.,  
Naples, FL 34105**

TITLE NAME **Treasurer - TT** ☐ Change ☒ Addition  
STREET ADDRESS **Margorie Joder**  
CITY-ST-ZIP **PO Box 770-789  
Naples, FL 34107**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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:

*Patricia S. Clark*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/10/01*  
Date

*(941) 263-2216*  
Daytime Phone #

CR2E037 (11/00)