

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90004 047 ****61.25

DOCUMENT # **N93000002170**

1. Corporation Name

**COLLIER COUNTY ADVANCED LIFE SUPPORT COMPETITION
TEAM INC.**

Principal Place of Business

5784 DEAVILLE CIR
B-108
NAPLES FL 34112
US

Mailing Address

5784 DEAVILLE CIR
B-108
NAPLES FL 34112-283
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

9. Name and Address of Current Registered Agent

WATSON, ERIC
5784 DEAVILLE CIR
B-108
NAPLES FL 34112-7283

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/10/1993

4. FEI Number

65-0413298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE

NAME **MULLER, MARK**
STREET ADDRESS **734 AUBURN AVENUE #4**
CITY-ST-ZIP **BUFFALO NY 14222**

TITLE D ☐ DELETE

NAME **RENNE, SANDRA**
STREET ADDRESS **580 97TH AVE N**
CITY-ST-ZIP **NAPLES FL**

TITLE D ☐ DELETE

NAME **FERON, PATRICK**
STREET ADDRESS **124 SANTA CLARA DR #5**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE D ☐ DELETE

NAME **TOOD COULTER**
STREET ADDRESS **3310 TIMBERWOOD CIR**
CITY-ST-ZIP **NAPLES FL**

TITLE DP ☐ DELETE

NAME **WATSON, ERIC**
STREET ADDRESS **5784 DEAVILLE CIRCLE B-108**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☒ Change ☐ Addition

1.2 NAME **MARK MULLER**
1.3 STREET ADDRESS **411 SUMMER STREET**
1.4 CITY-ST-ZIP **BUFFALO, N.Y. 14215**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **D PATRICK FERON**
3.3 STREET ADDRESS **411 SUMMER STREET**
3.4 CITY-ST-ZIP **BUFFALO, N.Y. 14215**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-99 (941) 732-6460

Date

Daytime Phone #

CR2E037 (11/98)