

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 26, 2001 8:00 am  
Secretary of State

03-26-2001 90054 007 \*\*\*\*61.25

DOCUMENT # N98000004530

1. Entity Name

COLLIER COUNTY VISITORS & CONVENTION BUREAU, INC

Principal Place of Business

3620 TAMiami TRAIL NORTH  
NAPLES FL 34103-3724  
US

Mailing Address

3620 TAMiami TRAIL NORTH  
NAPLES FL 34103-3724  
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

59-0688292

Applied For

Not Applicable

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

COLEMAN, J. MICHAEL  
365 FIFTH AVE. SOUTH, STE. 202  
NAPLES FL 34102

Name Jantsch, Dawn D.

Street Address (P.O. Box Number is Not Acceptable)

3620 Tamiami Trail N

City Naples

FL

Zip Code 34103

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 ☐ Delete  
NAME COLEMAN, MICHAEL  
STREET ADDRESS 3620 N TAMiami TRAIL  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition  
NAME Michael  
STREET ADDRESS (correct spelling)  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DOUGALS, TERRI L  
STREET ADDRESS 3620 N TAMiami TRAIL  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition  
NAME Douglas  
STREET ADDRESS (correct spelling)  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME MORTON, ED  
STREET ADDRESS 3620 N TAMiami TRAIL  
CITY-ST-ZIP NAPLES FL 34103

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

TITLE ☐ Delete  
NAME WESTON, DAVE  
STREET ADDRESS 3620 N TAMiami TRAIL  
CITY-ST-ZIP NAPLES FL 34103

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

TITLE ☒ Delete  
NAME CASE V, CARLETON JR  
STREET ADDRESS 3620 N TAMiami TRAIL  
CITY-ST-ZIP NAPLES FL 34126

TITLE ☒ Change ☐ Addition  
NAME S Budd, Russell  
STREET ADDRESS 3620 N Tamiami Trail  
CITY-ST-ZIP Naples, FL 34103

TITLE ☐ Delete  
NAME JANATSCH, DAWN  
STREET ADDRESS 3620 N TAMiami TRAIL  
CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition  
NAME Jantsch  
STREET ADDRESS (correct spelling)  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-01 941-262-6376

CR2E037 (10/00)