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FILED
Jul 07, 2002 8:00 am
Secretary of State
05-14-2002 90351 017 ****61.25

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

DOCUMENT # N99000005238

1. Entity Name
Worldclass Collier, Inc.

DO NOT WRITE IN THIS SPACE

37885

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2. Principal Place of Business	3. Mailing Address
615 Third Ave. South	P.O. Box 9293
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Naples, FL
Zip: 34102 Country: USA	Zip: 34101 Country:

4. FEI Number: 65-0952709 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Mark Vroman

Street Address (P.O. Box Number is Not Acceptable): 4747 Progress Ave.

City: Naples FL Zip Code: 34104

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: Mark A Vroman Mark A. Vroman 4/26/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE	President - D
NAME	Mark A. Vroman
STREET ADDRESS	4747 Progress Ave.
CITY-ST-ZIP	Naples, FL 34104
TITLE	Vice-President - D
NAME	Joe Abalos
STREET ADDRESS	3710 Estey Ave.
CITY-ST-ZIP	Naples, FL 34104
TITLE	Secretary - D
NAME	Jack Horton
STREET ADDRESS	275 Yucca Rd.
CITY-ST-ZIP	Naples, FL 34102
TITLE	Treasurer
NAME	Tom Maher
STREET ADDRESS	7515 Pelican Bay Blvd. #178
CITY-ST-ZIP	Naples, FL 34108
TITLE	Asst. Treasurer
NAME	Sandra Peterson
STREET ADDRESS	22901 Forest Edge Ct.
CITY-ST-ZIP	Bonita Springs, FL 34135
TITLE	Webmaster
NAME	Melody Hainsworth
STREET ADDRESS	2655 Northbrooke Dr.
CITY-ST-ZIP	Naples, FL 34119

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mark A Vroman Mark A. Vroman 4/26/02 239-643-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #