2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 29, 2000 8:00 am
Secretary of State
06-29-2000 90397 006 ****70.00

DOCUMENT # 704554

1. Entity Name

COLLIER COUNTY HISTORICAL SOCIETY INC

Principal Place of Business	Mailing Address
137 12TH AVE. SOUTH NAPLES FL 34102	137 12TH AVE. SOUTH NAPLES FL 34102-7002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. PO Box 201
City & State	City & State NAPLES FL
Zip / Country	Zip 34106 / Country US

4. FEI Number 59-6166907 ☐ 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
MCDONALD, STANLEY A ATTY ~~4099 TAMIAMI TRAIL N., #307~~ ~~NAPLES FL 34103~~	Name Street Address (P.O. Box Number is Not Acceptable) 2430 SHADOWLAWN DRIVE #12 City NAPLES FL Zip Code 34112

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 S/Stanley A. McDonald JUN 23 2000
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 / STREET ADDRESS / CITY-ST-ZIP	PD FRANK, JACQUELINE 143 4TH AVENUE N. NAPLES FL 34102	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVID ELDRIDGE 1839 IMPERIAL GOLF COURSE BLVD. NAPLES FL 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MORGAN, KATIE 530 5TH AVE S./NOTHERN TRUST BANK NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KAREN RHINES 265 SPRINGLINE DR. NAPLES FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALTHER, RON 3777 TAMIAMI TRAIL N., #200 NAPLES FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOROTHY DONALDSON 659 PALM CIR NAPLES FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MORRIS, SYLVIA 933 18TH AVENUE S. NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PEARL PILLON 936 BELLEVILLE BLVD NAPLES FL 34104	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAYER, DENAE 4933 TAMIAMI TRAIL N., #102 NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIRLEY RAYBUCK 8575 NAPLES HERITAGE # 111 NAPLES FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERS, JUDY 750 BENTWOOD CIR., #202 NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JO ANN SMALLWOOD 2010 ORANGE BLOSSOM DR NAPLES FL 34109	☐ Change ☒ Addition

CR2E037 (1/99)

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 REQUIRED JACQUELINE FRANK, PRES. JUN 23 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #