

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704554

1. Entity Name

COLLIER COUNTY HISTORICAL SOCIETY INC.

Principal Place of Business

137 12TH AVE. SOUTH
NAPLES FL 34102

Mailing Address

PO BOX 201
NAPLES FL 34106

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCDONALD, STANLEY A ATTY
2430 SHADOWLAWN DRIVE
#12
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

TITLE PD
NAME VOLPE, MICHAEL J
STREET ADDRESS 711 5TH AVENUE SOUTH
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE TD
NAME WALTHER, RON
STREET ADDRESS 3777 TAMiami TRAIL N., #200
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

TITLE SD
NAME PILLOW, PEARL
STREET ADDRESS 938 BELVILLE BLVD.
CITY-ST-ZIP NAPLES FL 34104 ☒ Delete

TITLE D
NAME FRANK, JACQUELINE
STREET ADDRESS 143 4TH AVENUE NORTH
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE D
NAME ELDRIDGE, DAVID
STREET ADDRESS 1839 IMPERIAL GOLF COURSE BLVD.
CITY-ST-ZIP NAPLES FL 34110 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE BOARD MEMBER
NAME GINA LUCIA
STREET ADDRESS 2700 70th Street SW
CITY-ST-ZIP NAPLES, FLORIDA 34105 ☐ Change ☒ Addition

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

TITLE BOARD MEMBER
NAME LOUISE DOWD
STREET ADDRESS 2999 GARDENS BLVD
CITY-ST-ZIP NAPLES, FL 34105 ☐ Change ☒ Addition

TITLE BOARD MEMBER
NAME ANN BELL
STREET ADDRESS 3780 CRACKER WAY
CITY-ST-ZIP BONITA SPRINGS, FL 34134 ☐ Change ☒ Addition

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:

Michael J. Volpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90663 036 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)