

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730466

1. Entity Name

COLLIER COUNTY COUNCIL ON AGING, INC.

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90052 030 ****61.25

Principal Place of Business

Mailing Address

P O BOX 2963
NAPLES FL 34106-2963
US

P O BOX 2963
NAPLES FL 34106-2963
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

23-7404941

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

BURZYNSIK, JILL
1124 GOODLETTE RD
NAPLES FL 34109

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME KOWALSKI, EILEEN
STREET ADDRESS P.O. BOX 2963
CITY-ST-ZIP NAPLES FL 34106-2963 ☒ Delete

TITLE DP
NAME Nelda Miller
STREET ADDRESS P.O. Box 2963
CITY-ST-ZIP Naples, FL 34106-2963 ☒ Change ☐ Addition

TITLE VD
NAME STEIGERWALD, KAY
STREET ADDRESS 13093 CASTLE HARBOUR DR
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

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

TITLE SD
NAME DOUCET, PHYLLIS SR.
STREET ADDRESS 53 HIGH POINT CIR .W. #112
CITY-ST-ZIP NAPLES FL 34103 ☐ Delete

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

TITLE TD
NAME DOWNEY, SHARON
STREET ADDRESS 4167 PENSACOLA AVE
CITY-ST-ZIP NAPLES FL 33928 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Sharon Downey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 941-774-8833
Date Daytime Phone #

CR2E037 (9/01)