

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742823

1. Entity Name

COLLIER COUNTY 4-H FOUNDATION INC

Principal Place of Business
14700 IMMOKALEE RD
P O BOX 404
NAPLES FL 34120 US

Mailing Address
PO BOX 404
NAPLES FL 34106 US

2. Principal Place of Business
14700 IMMOKALEE RD

3. Mailing Address
PO BOX 110515

Suite, Apt. #, etc.
PO BOX 110515

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34120

Country
US

Zip
34108

Country
US

4. FEI Number
59-1882892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DENNING, LINDA V.
14700 IMMOKALEE ROAD
NAPLES FL 34120 US

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 ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CALDWELL, WILLIAM	
STREET ADDRESS	1248 MORNINGSIDE DRIVE	
CITY - ST - ZIP	NAPLES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SAM COLDING	
STREET ADDRESS	659 10TH ST N	
CITY - ST - ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RINER, RANDY	
STREET ADDRESS	2101 COUNTY BARN RD	
CITY - ST - ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PISTOR, JOHN	
STREET ADDRESS	221 POLYNESIA COURT	
CITY - ST - ZIP	MARCO ISLAND FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	DENNING, LINDA	
STREET ADDRESS	14700 IMMOKALEE RD	
CITY - ST - ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ASHLEY, N. REX	
STREET ADDRESS	1044 CASTELLO DRIVE # 106	
CITY - ST - ZIP	NAPLES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *N. Rex Ashley* **N. REX ASHLEY TREAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90069 016 ****61.25

DO NOT WRITE IN THIS SPACE