

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90108 005 \*\*\*\*61.25

**DOCUMENT # 742823**  
 1. Entity Name  
 COLLIER COUNTY, 4-H CLUB FOUNDATION, INC.

|                                                                                              |                                                            |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Principal Place of Business</b><br>14700 IMMOKALEE RD<br>PO BOX 404<br>NAPLES FL 34120 US | <b>Mailing Address</b><br>PO BOX 404<br>NAPLES FL 34106 US |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------|

|                                                                                    |                                                                    |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>2. Principal Place of Business</b><br>14700 IMMOKALEE RD<br>Suite, Apt. #, etc. | <b>3. Mailing Address</b><br>P O BOX 110515<br>Suite, Apt. #, etc. |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------|

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>City &amp; State</b><br>NAPLES FL | <b>City &amp; State</b><br>NAPLES FL |
| <b>Zip</b><br>34120                  | <b>Country</b><br>US                 |
| <b>Zip</b><br>34106                  | <b>Country</b><br>US                 |

|                                                                  |                                                               |
|------------------------------------------------------------------|---------------------------------------------------------------|
| <b>4. FEI Number</b><br>59-1882892                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                         |

**A0060856**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 LINDA V DENNING  
 14700 IMMOKALEE ROAD  
 NAPLES FL 34120

**7. Name and Address of New Registered Agent**

|                                                           |
|-----------------------------------------------------------|
| <b>Name</b>                                               |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b> |
| <b>City</b> <b>FL</b> <b>Zip Code</b>                     |

**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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                        |                                                                   |
|------------------------|-------------------------------------------------------------------|
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |                                                                   |
| <b>STREET ADDRESS</b>  |                                                                   |
| <b>CITY - ST - ZIP</b> |                                                                   |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |                                                                   |
| <b>STREET ADDRESS</b>  |                                                                   |
| <b>CITY - ST - ZIP</b> |                                                                   |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |                                                                   |
| <b>STREET ADDRESS</b>  |                                                                   |
| <b>CITY - ST - ZIP</b> |                                                                   |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |                                                                   |
| <b>STREET ADDRESS</b>  |                                                                   |
| <b>CITY - ST - ZIP</b> |                                                                   |

**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** **4/19/01** **941-261-7200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E037 (11/00)