

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90111 037 \*\*\*\*\*61.25

**DOCUMENT # 742823**

1. Entity Name

**COLLIER COUNTY, 4-H CLUB FOUNDATION, INC.**



Principal Place of Business

**14700 IMMOKALEE RD  
NAPLES FL 34120  
US**

Mailing Address

**PO BOX 110515  
NAPLES FL 34106  
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 **59-1882892**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **CALDWELL, WILLIAM**  
STREET ADDRESS **1248 MORNINGSIDE DRIVE**  
CITY-ST-ZIP **NAPLES FL**

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

TITLE **VPD** ☐ Delete  
NAME **SAM COLDING**  
STREET ADDRESS **659 10TH ST., N.**  
CITY-ST-ZIP **NAPLES FL**

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

TITLE **PD** ☐ Delete  
NAME **RINER, RANDY**  
STREET ADDRESS **2101 COUNTY BARN RD**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition  
NAME **PD**  
STREET ADDRESS **Judy Keller**  
CITY-ST-ZIP **406 Golfview Drive  
Naples, FL 34110**

TITLE **SD** ☐ Delete  
NAME **PISTOR, JOHN**  
STREET ADDRESS **221 POLYNESIA COURT**  
CITY-ST-ZIP **MARCO ISLAND FL**

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

TITLE **M** ☐ Delete  
NAME **DENNING, LINDA**  
STREET ADDRESS **14700 IMMOKALEE ROAD**  
CITY-ST-ZIP **NAPLES FL**

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

TITLE **TD** ☐ Delete  
NAME **ASHLEY, N. REX**  
STREET ADDRESS **1044 CASTELLO DRIVE #106**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ Change ☐ 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: **Linda V. Denning**

**3/31/03**

CR2E037 (10/02)