2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State
02-29-2000 90164 048 ****61.25

DOCUMENT # 747212

1. Entity Name

COLLIER COUNTY VETERANS COUNCIL, INC.

Principal Place of Business	Mailing Address
COLLIER CO KENDAL YOUNG NAPLES FL 34116-5919 US	4425-18TH PL SW KENDALL YOUNG NAPLES FL 34116-5919 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
COLLIER COUNTY	4469 LAKE WOOD BLVD
Suite, Apt. #, etc.: RONALD L SCOTT	Suite, Apt. #, etc.: RONALD L SCOTT
City & State: NAPLES, FLORIDA	City & State: NAPLES, FLORIDA
Zip: 34112 Country:	Zip: 34112 Country:

4. FEI Number: 59-2153999 ☐ 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
YOUNG, KENDALL 4425-18TH PL SW 34112 NAPLES FL 34116	Name: RONALD L SCOTT Street Address (P.O. Box Number is Not Acceptable): 4469 LAKEWOOD BLVD City: NAPLES FL Zip Code: 34112

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: Ronald L. Scott PRESIDENT C.C.V.C. 2-18-2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TP SCOTT, RONALD L 742 92ND AVE N NAPLES FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP RONALD L SCOTT 4469 LAKE WOOD BLVD NAPLES, FLORIDA 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT WEISS, BERNARD L 13455 POND APPLE DR E NAPLES FL 34119-8581	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT FUTO, JULIUS SR 1025 TRAIL TERRACE DR NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT HENRY R. SHERMAN 11510 MALLARD COURT NAPLES, FLORIDA 34119	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT SMITH, DAIVD 5460-32ND AVE SW NAPLES FL 34116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD YOUNG, KENDAL 4425-18TH PL SW NAPLES FL 34116	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SOA PRITEHARD, NEIL 4838 DEVON CIRCLE NAPLES FL 34112	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SOA GILBERT ERLICHMAN 290 ROBIN HOOD CIRCLE #102 NAPLES, FLORIDA 34104	☒ Change ☐ Addition

CR2E037 (9/99)

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: Kendal Young Treasure 2-10-2000 941 455 2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #