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

FILED

02 JUL 30 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747212

1. Entity Name

Collier County Veterans Council, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Collier County Veterans Council	James H. Elson, President CCVC
Suite, Apt. #, etc. Bldg. H 3301 Tamiami Trail E. Room 212	Suite, Apt. #, etc. 680 8th Ave. South
City & State Naples FL	City & State Naples FL
Zip / Country 34112	Zip / Country 34102

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2153999 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: James H. Elson, President CCVC

Street Address (P.O. Box Number is Not Acceptable): 680 8th Ave. South

Naples FL 34102

City: Naples **FL** Zip Code: 34102

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] James H. Elson, President 7/25/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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		
TITLE	D/P	TITLE	
NAME	James H. Elson	NAME	
STREET ADDRESS	680 8th Ave. South	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34102	CITY-ST-ZIP	
TITLE	D/V	TITLE	
NAME	Robert A. Petersen	NAME	
STREET ADDRESS	9320 Vanderbilt Dr.	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34108	CITY-ST-ZIP	
TITLE	D/V	TITLE	
NAME	Theodore J. Sawicki	NAME	
STREET ADDRESS	5318 Catts Ave.	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Naples FL 34113	CITY-ST-ZIP	
TITLE	S/T	TITLE	
NAME	Donald J. Peacock	NAME	IN THIS SPACE
STREET ADDRESS	420 Putter Point Ct.	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34103	CITY-ST-ZIP	
TITLE	Sergeant of Arms	TITLE	
NAME	Gilbert Erlichman	NAME	
STREET ADDRESS	290 Robin Hood Cir. - #102	STREET ADDRESS	
CITY-ST-ZIP	Naples FL 34104	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] James H. Elson 7/25/02 (239) 860-0009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/31/02