

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90196 020 ****70.00

DOCUMENT # N00000001361

1. Entity Name

THE COLLIER SCHOOL READINESS COALITION, INC.



Principal Place of Business

**C/O CHILDCARE OF SW FLA. INC.
269 SOUTH AIRPORT ROAD
NAPLES FL 34104**

Mailing Address

**C/O CHILDCARE OF SW FLA. INC.
269 SOUTH AIRPORT ROAD
NAPLES FL 34104**

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 **65-0997534**

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

**WICKENDEN, D. KEITH
GRANT FRIDKIN PEARSON ATHAN & CROWN PA
551 RIDGEWOOD DRIVE SUITE 501
NAPLES FL 34108**

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 **CD** ☒ Delete
NAME **PATERNO, JOE**
STREET ADDRESS **24311 WALDEN CENTER DR., STE 200**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **CD** ☒ Change ☐ Addition
NAME **Wickenden, Keith D**
STREET ADDRESS **551 Ridgewood Dr. Suite 501**
CITY-ST-ZIP **Naples, FL 34108**

TITLE **VD** ☒ Delete
NAME **WICKENDEN, KEITH D**
STREET ADDRESS **551 RIDGEWOOD DR., SUITE 501**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **VD** ☐ Change ☒ Addition
NAME **Gulley, PAT**
STREET ADDRESS **P.O. Box 429**
CITY-ST-ZIP **Naples, FL 34106-0429**

TITLE **TD** ☐ Delete
NAME **MCPHILLIPS, KATHLEEN**
STREET ADDRESS **401 COLORADO AVE**
CITY-ST-ZIP **IMMOKALEE FL 34142**

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

TITLE **SD** ☐ Delete
NAME **STELMACKI, KAREN**
STREET ADDRESS **3710 ESTEY AVENUE**
CITY-ST-ZIP **NAPLES FL 34104**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Wickenden**

(239) 514-1000

CR2E037 (10/02)