

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003964

1. Entity Name

COLLIER COUNTY MERCHANTS ASSOCIATION, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90225 024 ****61.25

Principal Place of Business

Mailing Address

~~2375 TAMiami TR. NORTH STE 100~~
~~NAPLES FL 34103~~

~~2375 TAMiami TR. NORTH STE 100~~
~~NAPLES FL 34103~~

2. Principal Place of Business

3. Mailing Address

4062 BELAIR LANE
#5

4062 BELAIR LANE
#5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES, FLORIDA

City & State
NAPLES, FLORIDA

4. FEI Number
59-3660701

Applied For

Not Applicable

Zip
34103

Country
USA

Zip
34103

Country
USA

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

FEDOR, BRUCE G
5101 E. TAMiami TR.
NAPLES FL 34113

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SCHWEDHELM, RAYMOND G
4062 BELAIR LN. #5
NAPLES FL 34103 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOATES, ROBERT C
1210 YESICA ANN CIR., APT. C 203
NAPLES FL 34110 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DAVID, ROBERT J
2725 SAILORS WAY
NAPLES FL 34103 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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:
BRUCE G. FEDOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAYMOND G. SCHWEDHELM

Date
4/19/01 (941) 213-9408

CR2E037 (10/00)