

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006352

1. Entity Name

COLLIER ATHLETIC ARBITERS ASSOCIATION, INC.

Principal Place of Business

13365 PINE GLEN DR  
FT MYERS FL 33912

Mailing Address

19365 PINE GLEN DR  
FT MYERS FL 33912

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

65-1043549

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

RIELLA, WAYNE  
19365 PINE GLEN DR  
FT MYERS FL 33912

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 fee 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

TITLE ☐ Delete  
NAME D WAHLERS, SCOTT  
STREET ADDRESS 19365 PINE GLEN DR  
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ Delete  
NAME D ESTES, TIM  
STREET ADDRESS 19365 PINE GLEN DR  
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ Delete  
NAME D COSTAIN, TROY  
STREET ADDRESS 19365 PINE GLEN DR  
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ Delete  
NAME T RIELLA, J. WAYNE  
STREET ADDRESS 19365 PINE GLEN DR  
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition  
NAME Reg. Agent  
STREET ADDRESS Riella J Wayne  
CITY-ST-ZIP 19365 Pine Glen Dr  
Ft Myers, FL 33912

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE REQUIRED  
Wayne Riella 2/14/02 2670994

FILED  
Feb 25, 2002 8:00 am  
Secretary of State

02-25-2002 90090 038 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)