

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90017 043 ****61.25

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DOCUMENT # N00430

1. Entity Name

COMMUNITY FOUNDATION OF COLLIER COUNTY, INC.

Principal Place of Business

Mailing Address

2400 TAMiami TRAIL N.
 SUITE 300
 NAPLES FL 34103
 US

2400 TAMiami TRAIL N.
 SUITE 300
 NAPLES FL 34103
 US

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

59-2396243

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

FRANKE, DONALD T.
 1044 COSTELLO DR.
 SUITE 101
 NAPLES FL 33940

Name

Susan Luenberger

Street Address (P.O. Box Number is Not Acceptable)

2400 Tamiami Trail North

Suite 300

City

Naples

FL

Zip Code
34103

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

Susan Luenberger, President

3-22-01

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 ☐ Delete
 NAME **CD**
 STREET ADDRESS **PASSIDOMO, JOHN M**
 CITY-ST-ZIP **821 5TH AVE S 201**
NAPLES FL 34102

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **FLEWELLING, LINDA C.**
 CITY-ST-ZIP **4001 TAMiami TRAIL, N.**
NAPLES FL

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **NEUMANN, ROY G**
 CITY-ST-ZIP **40 GOLF COTTAGE DR**
NAPLES FL 34105

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **Biles, Fay R.**
 CITY-ST-ZIP **1588 Heights Court**
Marco Island, FL 34145

TITLE ☒ Delete
 NAME **M**
 STREET ADDRESS **KENT, BARBARA J.**
 CITY-ST-ZIP **2091 CRESTVIEW WAY**
NAPLES FL 34119

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **Luenberger, Susan A.**
 CITY-ST-ZIP **479 Rudder Road**
Naples, FL 34102

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **KAPNICK, HARVEY**
 CITY-ST-ZIP **4000 RUM ROW**
NAPLES FL 34102

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:

Susan Luenberger

3-22-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)