

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

02-24-2002 90029 021 ****61.25

DOCUMENT # N01000002292

1. Entity Name

COLLIER JUNIOR GOLF, INC.

Principal Place of Business

Mailing Address

132 FLAME VINE DRIVE 851
 NAPLES FL 34110

132 FLAME VINE DRIVE 851
 NAPLES FL 34110

2. Principal Place of Business

430 Palm View Ct.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

4. FEI Number

59-3732049

Applied For

Not Applicable

Zip

Country

34110

Collier

Zip

Country

34110

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARDILLO, JOHN P
3550 TAMiami TRAIL EAST
NAPLES FL 34112

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete
 NAME **D GANTZER, LARRY J**
 STREET ADDRESS **132 FLAME VINE DRIVE 851**
 CITY-ST-ZIP **NAPLES FL 34110**

TITLE ☐ Delete
 NAME **D CARDILLO, JOHN P**
 STREET ADDRESS **3550 TAMiami TRAIL EAST**
 CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Delete
 NAME **D BERRY, DONALD L**
 STREET ADDRESS **801 LAUREL OAK DRIVE #303**
 CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **-430 Palm View Ct.**
 CITY-ST-ZIP **Naples FL 34110**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/02

Date

Daytime Phone #

(941) 435-2443

CR2E037 (9/01)