

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 FEB 20 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000001404	
1. Entity Name COLLIER COUNTY SPORTS ORGANIZING COMMITTEE, INC.	



Principal Place of Business 2630 NORTHBROOK PLAZA DRIVE NAPLES, FL 34119-8004	Mailing Address 2630 NORTHBROOK PLAZA DRIVE NAPLES, FL 34119-8004
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REINSTATEMENT

05-06



2. Principal Place of Business 3050 N. Horseshoe Dr. Suite, Apt. #, etc. #218 City & State Naples, FL Zip 34104 Country US	3. Mailing Address 3050 N. Horseshoe Dr. Suite, Apt. #, etc. #218 City & State Naples, FL Zip 34104 Country US
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10102005 REIN-NP CR2E099 (6/04)

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GREGORY, C. NEIL 850 PARK SHORE DRIVE 3RD FLOOR NAPLES, FL 34103	7. Name and Address of New Registered Agent Name JACK W. WERT Street Address (P.O. Box Number, is Not Acceptable) 3050 N. Horseshoe Dr. Suite #218 City Naples FL Zip Code 34104
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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 1/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Robert Delaney 25821 Pebble Creek Dr. Bonita Springs, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800066255398 02/21/06--01018--013 **297.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robin Foster Williams 5111 Tamiami Tr. N. Naples, FL 34103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Jim Hennessey 12200 Tamiami Tr. N. Naples, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 12/14/05 238-825-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #