2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90021 049 ****61.25

DOCUMENT # N09830

1. Entity Name

COLLIER COUNTY SHERIFF'S DEPARTMENT BENEFIT FUND

Principal Place of Business	Mailing Address
% FRED L. HAMILTON 3301 E. TAMIAMI TR. BLDG. J NAPLES FL 34112 US	C/O FRED L. HAMILTON 3301 E. TAMIAMI TR.. BLVD. J. NAPLES FL 34112-4961 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3301 E. TAMIAMI TR.	3301 E. TAMIAMI TR.
Suite, Apt. #, etc.: BLDG J.	Suite, Apt. #, etc.: BLDG J.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34112 Country: US	Zip: 34112 Country: US

4. FEI Number: 65-0722892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, FRED L.
3301 E. TAMIAMI TR.
BUILDING J.
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name: MILLER, BARBARA A.
Street Address (P.O. Box Number is Not Acceptable): 3301 E. TAMIAMI TR.
BUILDING J
City: NAPLES FL Zip Code: 34112

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: Barbara A. Miller Barbara A. Miller Treasurer 4-7-00
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 HAMILTON, FRED L. 5071 32ND AVE., S.W. NAPLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUNT, LINDA 142 FOX GLEN DRIVE NAPLES FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DUNFEE, JANELLE L. 3323 CORANA WAY NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MILLER, BARBARA A. 3190 52ND LANE SW NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAUER, ANTHONY 2750 2ND STREET N.W. NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAUER, ANTHONY 2750 2ND STREET N.W. NAPLES FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAKER, MARK 3661 31ST AVE. S.W. NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, SCOTT 859 92ND AVE NO NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Barbara A. Miller Barbara A Miller 4-7-00 941-793-9331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #