2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 08:00 AM
Secretary of State

DOCUMENT # **N14213**

1. Entity Name
FRIENDS OF COLLIER COUNTY MUSEUM, INC.

Principal Place of Business	Mailing Address
COLLIER COUNTY MUSEUM	P.O. BOX 2181
3301 TAMIAMI TRAIL EAST	
NAPLES FL	NAPLES FL
339624961	34102 US

DO NOT WRITE IN THIS SPACE

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 **59-2653840** ☐ 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
GIBBS NANCY J 5551 RIDGEWOOD DR., #405 NAPLES FL 34108 US	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 _____ **05/10/2001**
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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
SD	BLACKFORD PETER M 251 CYPRESS WAY WEST NAPLES FL 34110		SD	CARROLL RAY 2500 AIRPORT ROAD SOUTH, #206 NAPLES FL 34110	
TD	MYRNA ELIA 811 KNOLLWOOD CT NAPLES FL 34108		TD	RYAN MICHAEL A 6123 THRESHER DRIVE NAPLES FL 34112	
VD	GIBBS NANCY 293 W AVE NAPLES FL 34108		VD	ABBOT CHARLIE 1306 28TH AVE. NORTH NAPLES FL 34103	
PD	MANGOLD RON 340 THIRD ST. S. NAPLES FL 34102		PD	UNDERWOOD JIM 237 MADISON DRIVE NAPLES FL 34104	

CR2E037 (11/00)

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: MICHAEL A RYAN TD 05/10/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #