

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 06, 1999 8:00 am  
Secretary of State

08-06-1999 90009 045 \*\*\*\*70.00

DOCUMENT # N16177

1. Corporation Name

COLLIER BUILD PAC, INC.

Principal Place of Business

2465 TRADE CTR WAY  
NAPLES FL 34109  
US

Mailing Address

2465 TRADE CTR WAY  
NAPLES FL 34109  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/04/1986

4. FEI Number

59-1284455

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

WARD, WHITLEY N.  
4627 ARNOLD AVENUE  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

DAVID ELLIS

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

2465 TRADE CENTER WAY

83

84 City

NAPLES

FL

85 Zip Code

34109

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ROSEN, MIKE  
STREET ADDRESS 3600 VANDERBILT BCH RD EXT  
CITY-ST-ZIP NAPLES FL 34109

TITLE D ☒ DELETE

NAME LABBE, RON  
STREET ADDRESS 3828 RADIO ROAD  
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ DELETE

NAME WESTON, DAVE  
STREET ADDRESS 3106 HORESHORE DR S  
CITY-ST-ZIP NAPLES FL 34104

TITLE ☐ DELETE

NAME SPINELLI, BILL  
STREET ADDRESS 3927 ARNOLD AVE  
CITY-ST-ZIP NAPLES, FL 34104

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DIRECTOR  
BILL SPINELLI  
3927 ARNOLD AVE  
NAPLES, FL 34104

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-99 941-592-6100

CR2E037 (5/99)

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