

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-15-2001 90080 011 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21662

1. Entity Name

COLLIER ATHLETIC CLUB, INC. ✓

Principal Place of Business

710 GOODLETTE ROAD NORTH
NAPLES FL 34102
US

Mailing Address

710 GOODLETTE ROAD NORTH
NAPLES FL 34102
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2733518

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

EDENFIELD, DAN
C/O COLLIER ATHLETIC CLUB, INC.
710 GOODLETTE ROAD NORTH
NAPLES FL 34102

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

DAN EDENFIELD REGISTERED AGENT

2/6/01

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: D
NAME: BUNNELL, JAY
STREET ADDRESS: 1510 NORTHGATE DR.
CITY-ST-ZIP: NAPLES FL 34105 Delete

TITLE: DT
NAME: BUNNELL, JAY Change Addition
STREET ADDRESS: 1510 NORTHGATE DR.
CITY-ST-ZIP: NAPLES, FL. 34105

TITLE: D
NAME: SPAHR, STEPHEN
STREET ADDRESS: 286 SPRINGLINE DRIVE
CITY-ST-ZIP: NAPLES FL Delete

TITLE: DP
NAME: SPAHR, STEPHEN Change Addition
STREET ADDRESS: 286 SPRINGLINE DR.
CITY-ST-ZIP: NAPLES, FL

TITLE: D
NAME: RILEY, STEPHANIE
STREET ADDRESS: 330 HAWSER LN.
CITY-ST-ZIP: NAPLES FL Delete

TITLE: DV
NAME: WILLIAM O'NEILL
STREET ADDRESS: 263 RIDGE DR.
CITY-ST-ZIP: NAPLES, FL 34108 Change Addition

TITLE: SD
NAME: GAMBLE, BARBARA
STREET ADDRESS: 740 BANYAN BLVD.
CITY-ST-ZIP: NAPLES FL Delete

TITLE: DS
NAME: KENT GREGGARD
STREET ADDRESS: 1520 BLUE POINT AVE, # 102
CITY-ST-ZIP: NAPLES, FL. 34102 Change Addition

TITLE: Delete

TITLE: Change Addition

TITLE: Delete

TITLE: Change 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:

2/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)