

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90795 017 \*\*\*\*61.25

**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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2733518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**EDENFIELD, DAN**  
**C/O COLLIER ATHLETIC CLUB, INC.**  
**710 GOODLETTE ROAD NORTH**  
**NAPLES FL 34102**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BUNNELL, JAY</b> <b>1510 NORTHGATE DR.</b> <b>NAPLES FL 34105</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SPAHR, STEPHEN</b> <b>288 SPRINGLINE DRIVE</b> <b>NAPLES FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>O'NEILL, WILLIAM</b> <b>263 RIDGE DR</b> <b>NAPLES FL 34108</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>GREGOIRE, KENT</b> <b>1520 BLUE POINT AVE #102</b> <b>NAPLES FL 34102</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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)(f), 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:** **SIGNATURE REQUIRED** \_\_\_\_\_ **4.26.02** **239.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment 28121

DOC#N21662/612633

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT OR BOTH FOR  
NON PROFIT CORPORATION**

Pursuant to the provisions of Section 617.0502, Florida Statutes, the undersigned non-profit corporation organized under the laws of the State of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

The name of the non-profit corporation is: The Collier Athletic Club, Inc. (formerly The Collier Athletic Management Company Incorporated).

The mailing address of the non-profit corporation is: 710 Goodlette Rod North, Naples, Florida 34102.

The date of incorporation/qualification is: July 22, 1987, and the Document Number is: N21662.

The name and address of the current registered agent and office is:

Daniel Edenfield  
Collier Athletic Club  
710 Goodlette Road N.  
Naples, Florida 34102

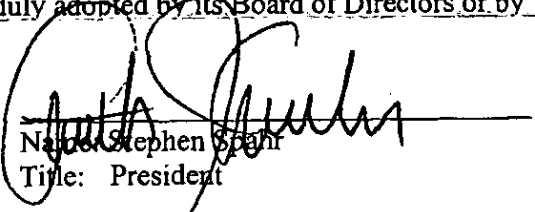
The name and address of the new agent and office is:

Frank Gregorich  
Collier Athletic Club  
710 Goodlette Road N.  
Naples, Florida 34105

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its Board of Directors or by an officer so authorized by the Board.

Dated: 1/22/02

  
Name: Stephen Spahr  
Title: President

Having been named as registered agent and to accept service of process for the above stated non-profit corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Dated: JAN 22, 2002

  
Frank Gregorich