

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91848 028 ****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**

55047120

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 **59-2733518**

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 **Ivan Bakh**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ivan Bakh*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4.25.03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DT**
NAME **BUNNELL, JAY** ☒ Delete
STREET ADDRESS **1510 NORTHGATE DR.**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **President - D** ☒ Change ☐ Addition
NAME **Debbie Freedman**
STREET ADDRESS **683 Rudder Road**
CITY-ST-ZIP **Naples FL 34102**

TITLE **DP** ☒ Delete
NAME **SPAHR, STEPHEN**
STREET ADDRESS **286 SPRINGLINE DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE **Treasurer - D** ☒ Change ☐ Addition
NAME **Donald Wingard**
STREET ADDRESS **130 11th Avenue South**
CITY-ST-ZIP **Naples FL 34102**

TITLE **DV** ☐ Delete
NAME **O'NEILL, WILLIAM**
STREET ADDRESS **263 RIDGE DR**
CITY-ST-ZIP **NAPLES FL 34108**

☐ Change ☐ Addition

TITLE **DS** ☒ Delete
NAME **GREGOIRE, KENT**
STREET ADDRESS **1520 BLUE POINT AVE #102**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **Secretary - D** ☒ Change ☐ Addition
NAME **David Detander**
STREET ADDRESS **4255 Gulfshore Blvd. N. #401**
CITY-ST-ZIP **Naples FL 34103**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

William F. O'Neill
WILLIAM F. O'NEILL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.03 739263254

Date Daytime Phone #

CR2E037 (10/02)