

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23551

1. Entity Name

AMI OF COLLIER COUNTY, INC.

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90016 041 ****61.25

Principal Place of Business

660 NINETH STREET N.
SUITE 32 BOX 32C
NAPLES FL 34102
US

Mailing Address

660 NINETH STREET N.
SUITE 32 BOX 32C
NAPLES FL 34102
US

2. Principal Place of Business

5020 Tamiami Tr. N.

Suite, Apt. #, etc.

106

City & State

Naples, Florida

Zip

34103

Country

Collier

3. Mailing Address

5020 Tamiami Tr. N.

Suite, Apt. #, etc.

106

City & State

Naples, Florida

Zip

34103

Country

Collier



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0047747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUNTER, KATHRYN
27810 HAROLD ST.
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

Kathryn Hunter

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

4658 Santiago Ln

City

Bonita Springs

FL

Zip Code

34134

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

Kathryn Hunter

KATHRYN HUNTER

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

After September 13, 2000 min. will be \$236.25

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

TITLE PT
NAME HUFF, JOAN
STREET ADDRESS 782-93RD AVE., N.
CITY-ST-ZIP NAPLES FL
☒ Delete

TITLE T
NAME EVANS, JUDY
STREET ADDRESS 138 PEBBLE SHORES #101
CITY-ST-ZIP NAPLES FL 33942
☐ Delete

TITLE SD
NAME BOUGHNER, JEANNE
STREET ADDRESS 1212 12 AVE. N
CITY-ST-ZIP NAPLES FL 33940
☒ Delete

TITLE TD
NAME COLLETT, PAMELA
STREET ADDRESS 1621 EUCALYPTUS LANE
CITY-ST-ZIP NAPLES FL
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Dr. Steve Saldukas
NAME
STREET ADDRESS 6075 Golden Gate Pkway
CITY-ST-ZIP Naples FL 34116
☒ Change ☒ Addition

TITLE 5312 Billings St
NAME
STREET ADDRESS Lehigh Acres Fl
CITY-ST-ZIP 33971 (Judith Evans)
☒ Change ☐ Addition

TITLE Linda Chello
NAME
STREET ADDRESS 2571 53 Terr SW
CITY-ST-ZIP Naples FL 34116
☒ Change ☒ Addition

TITLE Pamela Collett
NAME
STREET ADDRESS 10000 Regent Cir.
CITY-ST-ZIP Naples FL 34109
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathryn Hunter

Date

7/14/00

Daytime Phone #

CR2E037 (5/00)