

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/3

**FILED**  
**Feb 23, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90098 046 \*\*\*\*61.25

**DOCUMENT # N23551**

1. Entity Name

AMI OF COLLIER COUNTY, INC.

Principal Place of Business

5020 TAMiami TRAIL N  
 #106  
 NAPLES FL 34103  
 US

Mailing Address

5020 TAMiami TRAIL N  
 #106  
 NAPLES FL 34103  
 US

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

65-0047747

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

HUNTER, KATHRYN  
 4658 SANTIAGO LANE  
 BONITA SPRINGS FL 34134

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

**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

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

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

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME D  
 STREET ADDRESS PT Collett, Pamela  
 CITY-ST-ZIP 5020 Tamiami Trl. N. #106  
 Naples, FL 34103

TITLE ☒ Change ☐ Addition  
 NAME D  
 STREET ADDRESS T Evans, Judy  
 CITY-ST-ZIP 5312 Billings St  
 Lehigh Acres, FL 33971

TITLE ☐ Change ☐ Addition  
 NAME D  
 STREET ADDRESS Secretary Chello, Linda  
 CITY-ST-ZIP 2571 53 Teri SW  
 Naples, FL 34116

TITLE ☐ Change ☒ Addition  
 NAME D  
 STREET ADDRESS JP Dr Steve Saldukas  
 CITY-ST-ZIP 110 PLC  
 6075 Golden Gate Pkway  
 Naples FL 34116

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)