

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90211 017 ****70.00

DOCUMENT # N40631

1. Entity Name

YOUTH DEVELOPMENT FOUNDATION OF COLLIER COUNTY,

Principal Place of Business

**2706 S HORSHOE DR.
 NAPLES FL 33942**

Mailing Address

**2706 S HORSHOE DR.
 NAPLES FL 33942**

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 **65-0232400**

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

**JOHNSON, F E
 C/O CHEFFY PASSIDOMO WILSON & JOHNSON
 821 FIFTH AVE SOUTH 201
 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

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 NAME STREET ADDRESS CITY-ST-ZIP	P ZUMSTEIN, SCOTT C 300 COCOHATCHEE DR NAPLES FL 34110	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, JUSTIN 850 PARK SHORE DR NAPLES FL 34103	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUS, COLLEEN 330 PINEHURST CIR NAPLES FL 34113	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCKENRY, PAMELA N 2950 KINGSLAKE BLVD. NAPLES FL 34112	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARNISH, CARL 765 SEAGATE DR NAPLES FL 34103	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Richter, Garrett 2320 Harrier Run Naples, FL 34105	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 *Pamela N. McKenry* **Pamela N. McKenry**

4/27/01

(941) 643-5995

CR2E037 (10/00)