

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N41167

1. Entity Name

COLLIER COUNTY FOUNDATION FOR THE HEARING IMPAIR

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90073 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1000 TAMiami TRAIL N  
SUITE 403  
NAPLES FL 33940  
US

1000 TAMiami TRAIL N  
SUITE 403  
NAPLES FL 34102-5481  
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

65-0241029

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

Name

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

City

**FL**

Zip Code

WOLLMAN, EDWARD E.  
5129 CASTELLO DR  
SUITE 1  
NAPLES FL 34103

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	D	<input type="checkbox"/> Delete
NAME	WOLLMAN, EDWARD E.	
STREET ADDRESS	4441 WILDER ROAD	
CITY-ST-ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRAGER, RICK	
STREET ADDRESS	1000 TAMiami TRAIL N STE 403	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COLLINS, JOYCE	
STREET ADDRESS	9264 AUTUMN HAZE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DAWSON, SUSAN	
STREET ADDRESS	<del>FIRST UNION - 5801 PELICAN BAY BLVD.</del>	
CITY-ST-ZIP	<del>NAPLES FL 33941-0004</del>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KAPLAN, DIANE	
STREET ADDRESS	1713 FOREST LAKES BLVD.	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENNER, JUDY	
STREET ADDRESS	151 CYPRESS WAY EAST., # 108	
CITY-ST-ZIP	NAPLES FL 33942	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	840-J MEADOWLAND DR	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/00 435 1533