

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90020 025 ****61.25

DOCUMENT # N41167

1. Entity Name

COLLIER COUNTY FOUNDATION FOR THE HEARING IMPAIR

Principal Place of Business

1000 TAMiami TRAIL N
SUITE 403
NAPLES FL 33940
US

Mailing Address

1000 TAMiami TRAIL N
SUITE 403
NAPLES FL 33940
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

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

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	Delete
D	WOLLMAN, EDWARD E.	4441 WILDER ROAD	NAPLES FL	<input type="checkbox"/>
PD	FRAGER, RICK	1000 TAMiami TRAIL N STE 403	NAPLES FL 33940	<input type="checkbox"/>
TD	COLLINS, JOYCE	9264 AUTUMN HAZE DR	NAPLES FL	<input type="checkbox"/>
VD	DAWSON, SUSAN	840-J MEADOWLAND DR	NAPLES FL 34108	<input type="checkbox"/>
SD	KAPLAN, DIANE	1713 FOREST LAKES BLVD.	NAPLES FL 33942	<input type="checkbox"/>
D	JENNER, JUDY	151 CYPRESS WAY EAST., # 108	NAPLES FL 33942	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)