

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42797

1. Entity Name

CARE CLUB OF COLLIER COUNTY, INC.

Principal Place of Business

1800 SANTA BARBARA BLVD  
NAPLES FL 34116  
US

Mailing Address

1800 SANTA BARBARA BLVD  
NAPLES FL 34116-5444  
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

65-0253054

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MACDUFFIE, LINDA  
1255 GULF SHORE BLVD  
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name LuAnne Dupree Wahlstrom

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

1800 Santa Barbara Blvd

City Naples

FL

Zip Code 34116

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

LuAnne Dupree Wahlstrom  
Signature, typed or printed name of registered agent and title if applicable.

LuAnne Dupree Wahlstrom  
(NOTE: Registered Agent signature required when reinstating)

1/10/00  
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 D ☒ Delete  
NAME COOPER, SISSEL  
STREET ADDRESS 1775 GULF SHORE BLVD NORTH  
CITY-ST-ZIP NAPLES FL 33940

TITLE D ☐ Delete  
NAME DENDOOVEN, EDWARD J  
STREET ADDRESS 551 BINNACLE DRIVE  
CITY-ST-ZIP NAPLES FL 33940

TITLE D ☐ Delete  
NAME ELDER, TERRY  
STREET ADDRESS 3134 KINGS LAKE BLVD  
CITY-ST-ZIP NAPLES FL 33962

TITLE P ☐ Delete  
NAME MACDUFFIE, LINDA  
STREET ADDRESS 1255 GULF SHORE BLVD, BOX 12-5  
CITY-ST-ZIP NAPLES FL

TITLE VP ☐ Delete  
NAME POLLARD, CHARLES  
STREET ADDRESS 660 TAMiami Trl, SUITE 21  
CITY-ST-ZIP NAPLES FL 34102

TITLE Director ☐ Delete  
NAME Allison Douglas  
STREET ADDRESS 3001 Tamiami Trail N.  
CITY-ST-ZIP Naples FL 34102

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition  
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TITLE ☐ Change ☒ Addition

NAME ☐ Change ☒ Addition  
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:

LuAnne Dupree Wahlstrom  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/00  
Date

941-353-1994  
Daytime Phone #