

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 22, 2001 8:00 am  
Secretary of State

01-22-2001 90088 021 \*\*\*\*61.25

0072895

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  
US

B0007330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0253054

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DUPREE-WAHLSTROM, LUANNE  
1800 SANTA BARBARA BLVD  
NAPLES FL 34116

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

*Luanne Dupree Wahlstrom* Executive Director 1/10/01  
Luanne Dupree Wahlstrom (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	D	DOUGLAS, ALLISON	<input checked="" type="checkbox"/> Delete
NAME		3001 TAMiami TRAIL N	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE	D	DENDOOVEN, EDWARD J	<input type="checkbox"/> Delete
NAME		551 BINNACLE DRIVE	
STREET ADDRESS		NAPLES FL 33940	
CITY-ST-ZIP			
TITLE	D	ELDER, TERRY	<input type="checkbox"/> Delete
NAME		3134 KINGS LAKE BLVD	
STREET ADDRESS		NAPLES FL 33962	
CITY-ST-ZIP			
TITLE	P	MACDIFFIE, LINDA	<input type="checkbox"/> Delete
NAME		1255 GULF SHORE BLVD, BOX 12-5	
STREET ADDRESS		NAPLES FL	
CITY-ST-ZIP			
TITLE	VP	POLLARD, CHARLES	<input type="checkbox"/> Delete
NAME		660 TAMiami TRAIL, SUITE 21	
STREET ADDRESS		NAPLES FL 34102	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	Linda Loux	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2025 Castle Garden Lane	
STREET ADDRESS		Naples, FL 34110	
CITY-ST-ZIP			
TITLE	VP	Joseph Welch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		27250 Tortoise Trail	
STREET ADDRESS		Bonita Springs, FL 34135	
CITY-ST-ZIP			
TITLE	D	Norman Ritz	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		197 #4 Penny Lane	
STREET ADDRESS		Naples, FL 34102	
CITY-ST-ZIP			
TITLE	D	Diana Gualarido	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		551 Neapolitan Lane	
STREET ADDRESS		Naples, FL 34102	
CITY-ST-ZIP			
TITLE	B	Reg Gray Vickrey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6049 Idlewild Street	
STREET ADDRESS		Fort Myers, FL 33912	
CITY-ST-ZIP			
TITLE		Executive Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		Luanne Dupree Wahlstrom	
STREET ADDRESS		1800 Santa Barbara Blvd	
CITY-ST-ZIP		Naples FL 34116	

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* 1/10/01 941-353-1994  
Luanne Dupree Wahlstrom (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/00)