

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43293

1. Entity Name

TAXPAYER'S ACTION GROUP OF COLLIER COUNTY, INC.

**FILED**  
Feb 29, 2000 8:00 am  
**Secretary of State**

02-29-2000 90127 004 \*\*\*\*61.25

Principal Place of Business

Mailing Address

5551 RIDGEWOOD DR  
201  
NAPLES FL 34108  
US

P.O. BOX 770234  
NAPLES FL 34107-0234  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0229662

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

SOHN, CRAIG W  
5551 RIDGEWOOD DR #201  
NAPLES FL 34108

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	PD	<input type="checkbox"/> Delete
NAME	AGOSTON, TIBOR	
STREET ADDRESS	360 10TH AVE N.W.	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEIDITZ, VICTOR	
STREET ADDRESS	4031 GULFSHORE BLVD NO	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SOMMER, ROBERT A	
STREET ADDRESS	1538 WEYBRIDGE CIR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FISHER, DALE	
STREET ADDRESS	324 PALM #1	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNAVAN, MARY	
STREET ADDRESS	1221 CYPRESS DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OLDS, JANE	
STREET ADDRESS	879-F MEADOWLAND DRIVE	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, JAMES	
STREET ADDRESS	157-1ST AVE No	
CITY-ST-ZIP	NAPLES, FL 34102	
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		

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*  
Signature: *Victor Neiditz, Co-President* Date: *1/21/00* (941) 434-2534

CR2E037 (9/99)