

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90335 026 ****61.25

DOCUMENT # N43293

1. Entity Name

TAXPAYER'S ACTION GROUP OF COLLIER COUNTY, INC.

Principal Place of Business

5551 RIDGEWOOD DR
 201
 NAPLES FL 34108
 US

Mailing Address

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

2. Principal Place of Business

P.O. Box 770234

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

FL

Zip

34107-0234

Country

USA

Zip

Country

4. FEI Number

65-0229662

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

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

Name

Same

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

5551 Ridgewood Drive, #101

City

Naples

FL

Zip Code

34108

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

Craig W. Sohn

2/1/2001

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** ☐ Delete
 NAME **AGOSTON, TIBOR**
 STREET ADDRESS **360 10TH AVE N.W.**
 CITY-ST-ZIP **NAPLES FL 34120**

TITLE **PD** ☐ Change ☐ Addition
 NAME **VAN STONE, PAUL**
 STREET ADDRESS **810B COSTA BRAVA COURT**
 CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **PD** ☒ Delete
 NAME **NEIDITZ, VICTOR**
 STREET ADDRESS **4031 GULFSHORE BLVD NO**
 CITY-ST-ZIP **NAPLES FL 34103**

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

TITLE **TD** ☐ Delete
 NAME **STEWART, JAMES**
 STREET ADDRESS **157 1ST AVE**
 CITY-ST-ZIP **NAPLES FL 34102**

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

TITLE **SD** ☐ Delete
 NAME **DUNAVAN, MARY**
 STREET ADDRESS **1221 CYPRESS DR**
 CITY-ST-ZIP **NAPLES FL 34120**

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

TITLE **SD** ☐ Delete
 NAME **OLDS, JANE**
 STREET ADDRESS **879-F MEADOWLAND DRIVE**
 CITY-ST-ZIP **NAPLES FL 34108**

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

TITLE **PD** ☐ Delete
 NAME **SWOPE, HARVEY**
 STREET ADDRESS **2281 OUTRIGGER LANE**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Change ☐ 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:

JAMES STEWART
JAMES STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01
 Date

941-649-8525
 Daytime Phone #

CR2E037 (10/00)