

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43293

1. Entity Name

TAXPAYER'S ACTION GROUP OF COLLIER COUNTY, INC.

Principal Place of Business

P O BOX 770234  
NAPLES FL 34109-0234  
US

Mailing Address

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

2. Principal Place of Business

PO BOX 8614

3. Mailing Address

PO BOX 8614

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34101-8614

Country

US

Zip

34101-8614

Country

US

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

SOHN, CRAIG W  
5551 RIDGEWOOD DRIVE, #101  
NAPLES FL 34108

7. Name and Address of New Registered Agent

Name THOMAS MACCHIA

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

5645 ELEUTHERA WAY

City NAPLES

FL

Zip Code

34119

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

THOMAS MACCHIA

*Thomas Macchia*

x 4/15/02

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

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input checked="" 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           | VAN STONE, PAUL        |  |
| STREET ADDRESS | 8108 COSTA BRAVA COURT |  |
| CITY-ST-ZIP    | NAPLES FL 34109        |  |
| TITLE          | TD                     | <input type="checkbox"/> Delete            |
| NAME           | STEWART, JAMES         |  |
| STREET ADDRESS | 157 1ST AVE            |  |
| CITY-ST-ZIP    | NAPLES FL 34102        |  |
| TITLE          | SD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | DUNAVAN, MARY          |  |
| STREET ADDRESS | 1221 CYPRESS DR        |  |
| CITY-ST-ZIP    | NAPLES FL              |  |
| TITLE          | SD                     | <input checked="" type="checkbox"/> Delete |
| NAME           | OLDS, JANE             |  |
| STREET ADDRESS | 879 F MEADOWLAND DRIVE |  |
| CITY-ST-ZIP    | NAPLES FL 34108        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | PD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MACCHIA, THOMAS     |  |
| STREET ADDRESS | 5645 ELEUTHERA WAY  |  |
| CITY-ST-ZIP    | NAPLES FL 34119     |  |
| TITLE          | VD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | SD                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          | VD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | EDMONDS, DEAN       |  |
| STREET ADDRESS | 1019 SPYGLASS LANE  |  |
| CITY-ST-ZIP    | NAPLES FL 34102     |  |
| TITLE          | TD                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SWOPE, HARVEY       |  |
| STREET ADDRESS | 2281 OUTRIGGER LANE |  |
| CITY-ST-ZIP    | NAPLES FL 34104     |  |
| 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:

JAMES C STEWART

x 4/15/02

239-649-8525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE