2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44130

1. Entity Name

BOYS & GIRLS CLUB OF COLLIER COUNTY, FLORIDA, IN

Principal Place of Business	Mailing Address	
2801 COUNTY BARN RD NAPLES FL 34112 US	P. O. BOX 8896 NAPLES FL 34101-8896 US	
2. Principal Place of Business Seme As Above	3. Mailing Address Same As Above	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED Mar 08, 2000 8:00 am Secretary of State

03-08-2000 90015 048 ****61.25

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2. Principal Place of Business Seme As Above Suite Apt. #, etc.		Same 2	3. Mailing Address Sune As Above Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State			City & State				4. FEI Number 65-0279110				A	pplied For lot Applicable	7
Zip		Country	Zip	Со	untry		5 Certificate of Status Desired				\$8.75 Ac	iditional	1
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent]
					Name								
MARY PAT HUSSEY 1350 SPYGLASS LANE NAPLES FL 34102					Street Address (P.O. Box Number is Not Acceptable)								 -
					City					FL	Zip Cod	ne	
SIGNATURE .		Many or printed name of registered	9. Election Ca	(NOTE: Registere	4 Par ed Agent signate	Hus ure required	Secj when reinstating) O May Be to Fees		Make	DATE Check	Payable to of State	o	_
10.		OFFICERS AN	D DIRECTORS	11.			ADDITIONS/Ci	L HANGES TO	OFFICER	S AND D	IRECTORS II	N 10	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUSSEY, I 1350 SPYC NAPLES FI	MARY PAT GLASS LANE	☐ Delet	te TITL NAM STR	E	· · · · ·	Merri 1 Ridge ples 3				C Chan-	Addition	R2E037 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AR MSTRO I	NG, CAROLE VARO LANE	(2) Deriv	NAA Str			, ,	<u> </u>	1.00	-	☐ Change	☐ Addition	Ü
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS,	ARLENE MONT PARKWAY	☐ Delet	NAM STR							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Cerrith decess DR	□ Delet □ + + + + 01	NAM STR					•		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		□ Delet	NAN STR							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delet	NAM STR							☐ Change	Addition	

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: