

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # N44130****1. Entity Name**
BOYS & GIRLS CLUB OF COLLIER COUNTY, FLORIDA, INC.**Principal Place of Business**
2801 COUNTY BARN RD
NAPLES FL 34112 US
Mailing Address
P. O. BOX 8896
NAPLES FL 34101 US**2. Principal Place of Business**
7500 DAVIS BOULEVARD**3. Mailing Address**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES FL**City & State****4. FEI Number**
65-0279110**Applied For**
Not Applicable**Zip**
34104
Country
US**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**MARY PAT HUSSEY
1350 SPYGLASS LANENAPLES FL
34102 US**Name**
MERRITT LISA D
Street Address (P.O. Box Number is Not Acceptable)
5551 RIDGEWOOD DRIVE

#401

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** **LISA K. MERRITT****04/23/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
NAME
PRICE GARY
STREET ADDRESS
4851 TAMiami TR N.
CITY-ST-ZIP
NAPLES FL 34103**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
NAME
HOUTCHENS CHRIS
STREET ADDRESS
P.O. BOX 413040
CITY-ST-ZIP
NAPLES FL 34101**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☒ Addition
NAME
ALUISI PATRICIA
STREET ADDRESS
3971 GULF SHORE BLVD. N - PH302
CITY-ST-ZIP
NAPLES FL 34103**TITLE** ☐ Delete
NAME
D NICHOLS ARLENE
STREET ADDRESS
6915 OAKMONT PARKWAY
CITY-ST-ZIP
NAPLES FL 34108**TITLE** ☒ Change ☐ Addition
NAME
D MOORE PATTI
STREET ADDRESS
5940 WESTPORT LANE
CITY-ST-ZIP
NAPLES FL 34116**TITLE** ☐ Delete
NAME
D MERRITT LISA
STREET ADDRESS
5551 RIDGEWOOD DR #401
CITY-ST-ZIP
NAPLES FL 34108**TITLE** ☒ Change ☐ Addition
NAME
D SMITH LEA
STREET ADDRESS
6552 RIDGEWOOD DRIVE
CITY-ST-ZIP
NAPLES FL 34108**TITLE** ☐ Delete
NAME
D HUSSEY MARY PAT
STREET ADDRESS
1350 SPYGLASS LANE
CITY-ST-ZIP
NAPLES FL 34102**TITLE** ☒ Change ☐ Addition
NAME
D MERRITT LISA
STREET ADDRESS
5551 RIDGEWOOD DRIVE #401
CITY-ST-ZIP
NAPLES FL 34108**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** **LISA MERRITT**

D

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)