2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
05-23-2002 90058 024 ****61.25

DOCUMENT # N44130

1. Entity Name

BOYS & GIRLS CLUB OF COLLIER COUNTY, FLORIDA, IN C.

Principal Place of Business	Mailing Address
7500 DAVIS BOULEVARD NAPLES FL 34104 US	P. O. BOX 8896 NAPLES FL 34101 US

433420

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0279110 ☐ 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
MERRITT, LISA D 5551 RIDGEWOOD DRIVE #401 NAPLES FL 34108	Name: LEA SMITH Street Address (P.O. Box Number is Not Acceptable): 6552 RIDGEWOOD DRIVE 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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERRITT, LISA 5551 RIDGEWOOD DRIVE #401 NAPLES FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LEA SMITH 6552 RIDGEWOOD DR. NAPLES, FL 34108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, LEA 6552 RIDGEWOOD DRIVE NAPLES FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SUSETTE TEGTMEYER 10280 ENOCH LANE BONITA SPRINGS, FL 34135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, PATTI 5940 WESTPORT LANE NAPLES FL 34116	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR TINA FERRARO 800 SPYGLASS LANE NAPLES, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUTCHENS, CHRIS P.O. BOX 413040 NAPLES FL 34101	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR WILLIAM P. YURKOVAC 4501 TAMIAMI TR N - STE 102 NAPLES, FL 34103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRICE, GARY 4851 TAMIAMI TR N. NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR TERRANCE FLYNN 3801 FORT CHARLES DRIVE NAPLES, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALUISI, PATRICIA 3971 GULFSHORE BLVD. N - PH302 NAPLES FL 34103	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOANNE RICCIARDIELLO 1026 SPYGLASS LANE NAPLES, FL 34102	☐ Change ☒ Addition

CR2E037 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #