2000 UNIFORM BUSINESS REPORT (UBR)

3. Mailing Address

City & State

Suite, Apt. #, etc.

9. Election Campaign Financing

Trust Fund Contribution.

☐ Delete

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Country

Name

City

11.

TITLE

NAME STREET ADDRESS

TITLE

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NAME STREET ADDRESS

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT # **N45256** 1. Entity Name COLLIER SPORTSMEN & CONSERVATION CLUB, INC. Principal Place of Business Mailing Address 2500 JENKINS WAY 2500 JENKINS WAY NAPLES FL 34117 NAPLES FL 34117-8401

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

FILE NOW:

FEE IS \$61.25

JENKINS. WAYNE

2500 JENKINS WAY

CHRZANOSKI, STANLEY

1716 46TH STREET SW

NAPLES FL 34117

NAPLES FL 34116

DINUNZIO, JOHN

1276 29TH ST SW

NAPLES FL 34117

HUGHES, DARYL

520 27TH ST. N.W.

NAPLES FL 34120

540 23RD ST. S.W.

NAPLES FL 34117

MILLER, LESTER

590 4TH ST. S.E.

NAPLES FL 34117

SMITH, DAVID RONALD

SD

Suite, Apt. #, etc.

JENKINS, WAYNE 2500 JENKINS WAY NAPLES FL 34117

City & State

Zip

SIGNATURE

STREET ADDRESS

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CITY-ST-ZIP . =

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TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

NAME

10.

FILED Feb 29, 2000 8:00 am Secretary of State

02-29-2000 90133 044 ****61.25

A0022457 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0307902 Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Make Check Payable to **\$5.00** May Be Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition ☐ Change Change Addition Change Addition ☐ Change ■ Addition ☐ Change ☐ Addition

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,

CITY-ST-ZIP

Addition

□ Change