2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9300003193 1. Entity Name COLLIER COUNTY JUVENILE JUSTICE COUNCIL, INC.						FILED Jan 31, 2001 8:00 am Secretary of State			
COLLIE	R COUNTY JUVENILE JUST	ce council, inc.				01-31-2001 90030	042 ****61	.25	
Principal Pla	ice of Business	Mailing Address		- , , ,					
C/O PASSIDOMD. KATHLEEN. C 2640 GOLDEN GATE PKWY., SUITE 305 NAPLES FL 34105 US		C/O KATHLEEN C PASSIDOMO ESO 2640 GOLDEN GATE PKWY. SUITE 305 NAPLES FL 34105 US 3. Mailing Address				908959			
2. Principal Place of Business									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEI Numb	4. FEI Number 65-0482371 Applied For			
Zip	Country	Zip	Coi	untry	5. Certificate	e of Status Desired	\$8.75 Ad		
	6. Name and Address of Current	Registered Agent		]		d Address of New Registere	Fee Require	d	-
				Name		······································		-	1
PASSIDOMO, KATHLEEN C 2460 GOLDEN GATE PKY				Street Addr	ess (P.O. Box Numb	per is Not Acceptable)			
SUITE 30				City			Zin Cod		
	e named entity submits this statement for		City			FL Zip Code			
10.	FILE NOW: FEE IS \$61.25	9. Election Campai Trust Fund Conti	ribution.		5.00 May Be dded to Fees	Departme	k Payable to ent of State		
TITLE	PD C		11. TITL	E T	ADDITIONS/CF	HANGES TO OFFICERS AND		Addition	(00/0
NAME Street address City-St-Zip	BAKER, FRANKLIN 3301 E TANIAMI TRAIL NAPLES FL 34112			E ET ADDRESS -ST-ZIP					CR2E037 (10/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOCERA, JOHN 735 8TH ST S NAPLES FL 34102	Delete		1	<i>ittach</i>	ed	🛄 Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ELLIS, SHERI 5450 TMGA ROAD AMPLES FL	Delete			listu	ng	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB- D DAMICO, MICHAEL 6075 GOLDEN GATE PARKWAY NAPLES FL	Delete					🗋 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO PASSIDOMO, KATHLEEN C 2640 GOLDEN GATE PKWY NAPLES FL 34105	Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	CITY	et adoress - St- Zip			🗌 Change	Addition	
12. I hereby indicated of the co changed	certify that the information supplied with on this report or supplemental report is rporation or the receiver or truttee empo , or on an attachment with an address, w	this filing does not qualify f true and accurate and that wered to execute this repo with all other like empowere	or the exer my signat rt as requir d.	mption stated ure shall have red by Chapte	n Section 119.07(3) the same legal effect 617, Florida Statute	(i), Florida Statutes. I further of ct as if made under oath; that es; and that my name appear	certify that the ir 1 am an officer s in Block 10 or	formation or director Block 11 if	
SIGNAT	1. Connel								

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Hacknert 108959 13000008193

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Alicia Romero Assistant Public Defender Collier County Courthouse 3301 Tamiami Trail East Naples, FL 34112

Kathleen C. Passidomo, Esq. Kelly & Passidomo, LLP 2640 Golden Gate Parkway, Suite 305 Naples, Florida 34105

Chief Steve Moore Police Chief, City of Naples 355 Goodlette Road North Naples, Florida 34102

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