2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005295

1. Entity Name

PLANNED PARENTHOOD OF COLLIER COUNTY, INC.

Principal Place of Business	Mailing Address
900 5TH AVENUE NORTH NAPLES FL 34102	900 5TH AVENUE NORTH NAPLES FL 34102

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0450515** 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
WENDEL, CHARLENE A 900 5TH AVENUE NORTH NAPLES FL 33940	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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: PD NAME: LEWIS, RENEE R STREET ADDRESS: 6125 RESERVE CIR 1901 CITY-ST-ZIP: NAPLES FL 34119	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: VD NAME: BOYDSTON, JOANN STREET ADDRESS: 931 BENTLEY DRIVE CITY-ST-ZIP: NAPLES FL 34110	☐ Delete	TITLE: Co-VD Sally LAm 5 Grey Wing Pointe Naples, FL. 34113	☑ Change	☐ Addition
TITLE: TD NAME: REYNOLDS, NANCY STREET ADDRESS: 4501 TAMIAMI TRAIL NORTH CITY-ST-ZIP: NAPLES FL 34103	☐ Delete	LAiRD Grant 8960 Bay Colony Dr. 1102 NAPLES, FL. 34108	☑ Change	☐ Addition
TITLE: SD NAME: SULLIVAN-HARTUNG, MAUREEN STREET ADDRESS: 4120 FIFTEENTH AVE SW CITY-ST-ZIP: NAPLES FL 34116	☐ Delete	JANE PERMAN 4544 Shearwater Lane Naples, FL. 34119	☑ Change	☐ Addition
TITLE: C NAME: WENDEL, CHARLENE STREET ADDRESS: 900 FIFTH AVENUE NORTH CITY-ST-ZIP: NAPLES FL 34102	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change	☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	Co-VD MARC Gertner 235 Colonade Circle NAPLES, FL. 34103	☐ 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: _Charlene A. Wendel_ 1-14-02 (941) 262-8923

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