

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90074 039 ****61.25

DOCUMENT # N93000005295

1. Entity Name

PLANNED PARENTHOOD OF COLLIER COUNTY, INC.



Principal Place of Business

**900 5TH AVENUE NORTH
NAPLES FL 34102**

Mailing Address

**900 5TH AVENUE NORTH
NAPLES FL 34102**

90017259



2. Principal Place of Business

1425 Creech Road

3. Mailing Address

1425 Creech Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Naples FL

City & State

Naples FL

4. FEI Number **65-0450515**

Applied For

Not Applicable

Zip

34103

Country

USA

Zip

34103

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WENDEL, CHARLENE A
900 5TH AVENUE NORTH
NAPLES FL 33940**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **LEWIS, RENEE R**
STREET ADDRESS **6125 RESERVE CIR 1901**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE **VD** ☐ Delete
NAME **BOYDSTON, JOANN**
STREET ADDRESS **931 BENTLEY DRIVE**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **TD** ☐ Delete
NAME **REYNOLDS, NANCY**
STREET ADDRESS **4501 TAMiami TRAIL NORTH**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **SD** ☐ Delete
NAME **SULLIVAN-HARTUNG, MAUREEN**
STREET ADDRESS **4120 FIFTEENTH AVE SW**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE **C** ☐ Delete
NAME **WENDEL, CHARLENE**
STREET ADDRESS **900 FIFTH AVENUE NORTH**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **COVD** ☒ Delete
NAME **LAM, SALLY**
STREET ADDRESS **5 GREY WING POINTE**
CITY-ST-ZIP **NAPLES FL 34113**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **LAIRD E. GRANT**
STREET ADDRESS **8960 BAY COLONY DRIVE, 1102**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **VD** ☒ Change ☐ Addition
NAME **MARC GERTNER**
STREET ADDRESS **235 COLONADE CIR.**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **TD** ☒ Change ☐ Addition
NAME **CONNIE SHIPLEY**
STREET ADDRESS **1543 WHISPERING OAKS CIR**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **SD** ☒ Change ☐ Addition
NAME **JANE PERMAN**
STREET ADDRESS **4544 SHEARWATER LANE**
CITY-ST-ZIP **NAPLES, FL 34119**

TITLE **C** ☒ Change ☐ Addition
NAME **CHARLENE WENDEL**
STREET ADDRESS **1425 CREECH ROAD**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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**

1/29/03 (239) 262-8923

CR2E037 (10/02)