

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005477

1. Entity Name

COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.

FILED

Mar 27, 2002 8:00 am  
Secretary of State

03-27-2002 90081 037 \*\*\*\*61.25

Principal Place of Business Mailing Address  
C/O GOLDEN GATE COMMUNITY CENTER C/O GOLDEN GATE COMMUNITY CENTER  
4701 GOLDEN GATE PARKWAY 4701 GOLDEN GATE PARKWAY  
NAPLES FL 33999 NAPLES FL 33999



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0458413

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

KNAUER, EDWARD B  
501 GOODLETTE ROAD N  
SUITE D-100  
NAPLES FL

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 D ☐ Delete  
NAME HOOVEN, BETTY  
STREET ADDRESS 4774 EUROPA DRIVE  
CITY-ST-ZIP NAPLES FL 34105

TITLE V ☐ Change ☒ Addition  
NAME BAILEY, Blanche  
STREET ADDRESS 4585 23rd Ave. S.W.  
CITY-ST-ZIP Naples, FL 34116

TITLE D ☐ Delete  
NAME FERGUSON, THOMAS  
STREET ADDRESS 2877 VAN BUREN AVENUE  
CITY-ST-ZIP NAPLES FL 34102

TITLE S ☐ Change ☒ Addition  
NAME Carty, Lillian  
STREET ADDRESS 4913 23rd Ave. S.W.  
CITY-ST-ZIP NAPLES, FL 34116

TITLE D ☐ Delete  
NAME LAMB, JACK  
STREET ADDRESS 2880 N.E. 2ND STREET  
CITY-ST-ZIP NAPLES FL 34120

TITLE T ☐ Change ☒ Addition  
NAME SHANNON, James  
STREET ADDRESS 2216 Buckingham Lane  
CITY-ST-ZIP Naples, FL 34112

TITLE D ☐ Delete  
NAME OBLOY, CLARE  
STREET ADDRESS 4400 17 PL SW  
CITY-ST-ZIP NAPLES FL

TITLE D/C ☐ Change ☒ Addition  
NAME Weiss, Mary Lou  
STREET ADDRESS 2618 13th St. N.  
CITY-ST-ZIP Naples, FL 34103

TITLE D ☐ Delete  
NAME MCALLISTER, ROBERT  
STREET ADDRESS 471 ELK CIRCLE  
CITY-ST-ZIP MARCO ISLAND FL 34145

TITLE D ☐ Change ☒ Addition  
NAME TARRANT, Fred  
STREET ADDRESS 175 3rd St. S.  
CITY-ST-ZIP Naples, FL 34102

TITLE P ☐ Delete  
NAME BAILEY, BILL  
STREET ADDRESS 4585 23RD AVENUE S.W.  
CITY-ST-ZIP NAPLES FL 34116

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Bill Bailey - President 3-14-02 941-352-4433  
Date Daytime Phone #

CR2E037 (9/01)