

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90268 038 *****61.25

DOCUMENT # N93000005477

1. Entity Name

COLLIER COUNTY ASSOCIATION FOR THE BLIND, INC.



Principal Place of Business

**C/O GOLDEN GATE COMMUNITY CENTER
4701 GOLDEN GATE PARKWAY
NAPLES FL 33999**

Mailing Address

**C/O GOLDEN GATE COMMUNITY CENTER
4701 GOLDEN GATE PARKWAY
NAPLES FL 33999**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0458413**

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

**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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOOVEN, BETTY 4774 EUROPA DRIVE NAPLES FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERGUSON, THOMAS 2877 VAN BUREN AVENUE NAPLES FL 34102	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMB, JACK 2680 N.E. 2ND STREET NAPLES FL 34120	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OBLOY, CLARE 4400 17 PL SW NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCALLISTER, ROBERT 471 ELK CIRCLE MARCO ISLAND FL 34145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAILEY, BILL 4585 23RD AVENUE S.W. NAPLES FL 34116	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Blanche Bailey 4585 23rd AVENUE S.W. Naples, FL 34116	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V Helen Smith 204 Furse Lake Circle, #2 Naples, FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Claire McNeil 53 High Point Circle, #302 Naples, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T James Shannon 2216 Buckingham Lane Naples, FL 34112	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C Mary Lou Weiss 2681 13th St. N. Naples, FL 34103	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Fred Kirk 768 Landover Circle Naples, FL 34104	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *Blanche Bailey*

4-24-03 (239) 352-4433

CR2E037 (10/02)