

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 PM 2:30

DOCUMENT # N94000000643

1. Corporation Name

COLLIER SPORTS OFFICIALS ASSOCIATION, INCORPORATED

Principal Place of Business

6171 GOLDEN GATE PARKWAY
NAPLES FL 33999

Mailing Address

6171 GOLDEN GATE PARKWAY
NAPLES FL 33999



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/09/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0459700

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LECOUNT, JERRY R
6171 GOLDENGATE PARKWAY
NAPLES FL 33999

81 Name

T. Troy Costum

82 Street Address (P.O. Box Number is Not Acceptable)

9836 Whitehall Street

83

84 City

Naples

FL

85 Zip Code

34109

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME THIGPEN, JERRY
STREET ADDRESS 9834 PENNSYLVANIA AVENUE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE

NAME RAMSEY, JESS
STREET ADDRESS 170 MENTO DR
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME LECOUNT, JERRY
STREET ADDRESS 6171 GOLDEN GATE PARKWAY
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME ESTES, TIM
STREET ADDRESS 739 7TH AVE., NORTH
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME EBERSBACH, ROBERT
STREET ADDRESS 9950 BOCA CIR
CITY-ST-ZIP NAPLES FL 34109

TITLE ☐ DELETE

NAME WAHLERS, SCOTT
STREET ADDRESS 4530 7TH AVE., S.W.
CITY-ST-ZIP NAPLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

0013532

CR2E037 (5/99)