

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004532

1. Entity Name

FRIENDS OF PARKS OF COLLIER COUNTY, INC.

Principal Place of Business

3300 SANTA BARBARA BLVD.
NAPLES FL 33909
34114

Mailing Address

3300 SANTA BARBARA BLVD.
NAPLES FL 33909
34116

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

NOT APPLICABLE

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

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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

Steve Peffers Steve Peffers

4/10/01

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	<input checked="" type="checkbox"/> Delete
NAME	GUOKAS, DESIREE	
STREET ADDRESS	5921 12TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARA, SUE	
STREET ADDRESS	223 WILLOWICK DR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKHAM, NANCY	
STREET ADDRESS	4580 EAGLE KEY CIR	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEFFERS, STEVE	
STREET ADDRESS	981 12TH AVENUE NE	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REID, WARD	
STREET ADDRESS	845 SOUTH COLLIER BOULEVARD	
CITY-ST-ZIP	MARCO ISLAND FL 33937	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUFFOR, MARK	
STREET ADDRESS	299 S HEATHWOOD DR	
CITY-ST-ZIP	MARCO ISLAND FL 34145	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELMAN, CAROLEE	
STREET ADDRESS	5920 10th Av. N.W.	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOENING, DONNA	
STREET ADDRESS	5860 12th Av. N.W.	
CITY-ST-ZIP	Naples, FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLYN, LYNN	
STREET ADDRESS	822 105th Av. N.	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILEY, BARBARA	
STREET ADDRESS	15198 Storrington Pl	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEN, RUBY	
STREET ADDRESS	2630 9th St. N.	
CITY-ST-ZIP	Naples, FL 34103	

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:

Steve Peffers Steve Peffers

4/10/01 941-353-0404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90042 008 ****61.25

80030693



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)