

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004219

1. Entity Name

COLLIER COUNTY PROFESSIONAL JEWELERS ASSOCIATION

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90092 030 ****70.00

0086170

Principal Place of Business Mailing Address
606 BALD EAGLE DRIVE, SUITE 500 606 BALD EAGLE DRIVE, SUITE 500
C/O WOODWARD, PIRES, ANDERSON & LOMBARDO C/O WOODWARD, PIRES, ANDERSON & LOMBARDO
MARCO ISLAND FL 33937 MARCO ISLAND FL 33937

625421



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 65-0616179

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

WOODWARD, CRAIG R ESQUIRE
606 BALD EAGLE DRIVE, SUITE 500
C/O WOODWARD, PIRES, ANDERSON & LOMBARDO
MARCO ISLAND FL 33937

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

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 VD ☐ Delete
NAME NICHOLLS, BARRY
STREET ADDRESS 5455 AIRPORT ROAD NORTH
CITY-ST-ZIP NAPLES FL 34109

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

TITLE TD ☐ Delete
NAME RISMAN, STAN
STREET ADDRESS 660 9TH N SUITE 33
CITY-ST-ZIP NAPLES FL 33940

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

TITLE DPS ☐ Delete
NAME O'REILLY, NEIL
STREET ADDRESS 5600 N TAMiami TR #17
CITY-ST-ZIP NAPLES FL 34105

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

213-01

Date

Daytime Phone #

CR2E037 (10/00)