

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000172

1. Entity Name

COLLIER COUNTY FRIENDS OF EXTENSION, INC.

Principal Place of Business

14700 IMMOKALEE ROAD  
NAPLES FL 34120

Mailing Address

14700 IMMOKALEE ROAD  
NAPLES FL 34120-1468

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

65-0083472

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

PASSIDOMO, KATHLEEN C  
2640 GOLDEN GATE PARKWAY  
SUITE 315  
NAOLES FL 34105

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 ☐ Delete  
NAME D BLANTON, DENISE L  
STREET ADDRESS 14700 IMMOKALEE RD  
CITY-ST-ZIP NAPLES FL 34120

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

TITLE ☐ Delete  
NAME C GRIER, CEPUS  
STREET ADDRESS 1322 SILVERSTRAND DR  
CITY-ST-ZIP NAPLES FL 34110

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

TITLE ☐ Delete  
NAME D MUNOZ, NELSON  
STREET ADDRESS 4901 N TAMIAMI TRAIL  
CITY-ST-ZIP NAPLES FL 34103

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

TITLE ☐ Delete  
NAME D PASSIDOMO, KATHLEEN C  
STREET ADDRESS 2640 GOLDEN GATE PKWY., SUITE 315  
CITY-ST-ZIP NAPLES FL 34105

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

TITLE ☐ Delete  
NAME T HAFENBRACK, BRIAN  
STREET ADDRESS 900 GOODLETTE RD  
CITY-ST-ZIP NAPLES FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Denise L Blanton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90208 012 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)