

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003502

1. Entity Name

COLLIER CUBS SOFTBALL, INC.

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90118 028 \*\*\*\*61.25

Principal Place of Business

Mailing Address

822 97 AVE N.  
NAPLES FL 34108

822 97 AVE N.  
NAPLES FL 34108-2285

2. Principal Place of Business

465 Cypress Way E  
Suite, Apt. # etc.

3. Mailing Address

465 Cypress Way E  
Suite, Apt. # etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0786498

Applied For

Not Applicable

Zip

34110

Country

USA

Zip

34110

Country

USA

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

BROOKS, BACH  
211 BAY FRONT DR  
BONITA SPGS FL 34134

Name

Duncan, Patty

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

465 Cypress Way E

City

Naples

FL

Zip Code

34110

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 PATRICIA B. DUNCAN Patricia B. Duncan 03-22-2000

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 PD ☒ Delete  
NAME BROOKS, BARB  
STREET ADDRESS 211 BAY FRONT DR  
CITY-ST-ZIP BONITA SPGS FL 34134

TITLE PD ☒ Change ☐ Addition  
NAME DUNCAN, PATTY  
STREET ADDRESS 465 Cypress Way E  
CITY-ST-ZIP Naples, FL 34110

TITLE SD ☒ Delete  
NAME DUNCAN, PATTY  
STREET ADDRESS 465 CYPRESS WAY E.  
CITY-ST-ZIP NAPLES FL 34110

TITLE SD ☒ Change ☒ Addition  
NAME VAN GEMERT, SUE  
STREET ADDRESS 9618 Oxford St  
CITY-ST-ZIP Naples, FL 34109

TITLE TD ☐ Delete  
NAME SHERWOOD, CATHY J  
STREET ADDRESS 822 97 AVE N.  
CITY-ST-ZIP NAPLES FL 34108

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: PATRICIA B. DUNCAN Patricia B. Duncan 03-22-2000 (941) 566-3319

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)