

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004334

1. Entity Name

COLLIER ENVIRONMENTAL EDUCATION CONSORTIUM, INC.

Principal Place of Business

1100 HOLLYGATE LANE
NAPLES FL 34103-3887

Mailing Address

P.O. BOX 11902
NAPLES FL 34101-2902

FILED

00 MAR 30 AM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

59-3458645

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

HILL, DEBRA A
1100 HOLLYGATE LANE
NAPLES FL 34103-3887

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 \$81.25

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	RD	<input type="checkbox"/> Delete
NAME	POLLOCK, VICTORIA	
STREET ADDRESS	732 WOODSHIRE LN I-1	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRBY, BARB	
STREET ADDRESS	6187 JAMES LN	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, DEBRA	
STREET ADDRESS	1100 HOLLY GATE LN	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SHIRLEY, KATHY D	
STREET ADDRESS	490 7TH STREET S.W.	
CITY-ST-ZIP	CAPE CORAL FL 34117-2127	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORDON, RICH	
STREET ADDRESS	710 RANDEL BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESLIE BRELAND	
STREET ADDRESS	300 TOWER RD	
CITY-ST-ZIP	NAPLES, FL 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-16-00

Date

941-417-6310

Daytime Phone #

CR2E037 (9/99)

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