2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address.

FILED May 02, 2002 8:00 am Secretary of State DOCUMENT # **N97000004334** 1. Entity Name COLLIER ENVIRONMENTAL EDUCATION CONSORTIUM, INC. 05-02-2002 90043 030 ****70.00 Principal Place of Business Mailing Address 300 TOWER ROAD P.O. BOX 11902 NAPLES FL 34113 NAPLES FL 34101 2. Principal Place of Business 3. Mailing Address 4820 Bayshore Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Naples FL59-3458645 Not Applicable Zip 34112 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Andy Owens ddress (P.O. Box Number is Not Acceptable) 4820 Bayshore Drive BRELAND, LESLIE 300 TOWER ROAD NAPLES FL 34113 Zip Code 341<u>12</u> Naples 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 3. 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F VD. 🔀 Delete TITLE VD 🔩 ☐ Change **Addition** NAME adams, Kathy NAME Randy McCormick STREET ADDRESS 4272 19TH PLACE SW STREET ADDRESS 300 Tower Road CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIE Naples, FL 34113 SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KIRBY, BARB NAME STREET ADDRESS 6089 JANES LANE STREET ADDRESS CITY: ST-71P NAPLES FL 34109 CITY-ST-ZiP~ TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHIRLEY, KATHY D NAME NAME STREET ADDRESS 490 7TH STREET S.W. STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 34117-2127 CITY-ST-ZIP CD TITLE Delete TITLE CD X Addition Change NAME BRELAND, LESLIE NAME Andy Owens STREET ADDRESS 300 TOWER RD. STREET ADDRESS 4820 Bayshore Drive CITY-ST-ZIP NAPLES FL 34113-8059 CITY-ST-ZIP Naples, FL 34112 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME COMPTON, CHER NAME STREET ADDRESS 525 5TH ST NW STREET ADDRESS CITY-ST-ZIP NAPLES FL 34120 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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