

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006932

1. Entity Name

COLLIER COUNTY LEGAL AID SOCIETY, INC.

Principal Place of Business

2681 AIRPORT PULLING ROAD  
C101  
NAPLES FL 34112  
US

Mailing Address

2681 AIRPORT PULLING ROAD  
C101  
NAPLES FL 34112  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0807648

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

978255



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PILON, JAMES A  
3301 TAMiami TRAIL E., BLDG. L, 5TH FLOOR  
NAPLES FL 34112

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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  
After September 12, 2001, min. will be \$236.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BURZYNSKI, JILL	
STREET ADDRESS	6617 MILL RUN CIRCLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIDDLE, MELINDA	
STREET ADDRESS	3841 31ST AVE. SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GREIDER, CHRISTINE	
STREET ADDRESS	207 BAY PT.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GEHRKE, CHARLES	
STREET ADDRESS	27000 HOLLY LANE 23424 Coral Bean Ct.	
CITY-ST-ZIP	BONITA SPRINGS FL 34135-34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine Kordon	
STREET ADDRESS	1333 Third Ave	
CITY-ST-ZIP	Naples FL	
TITLE	Eric Varguez D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	900 W 1st Ave	
STREET ADDRESS	Naples FL 34102	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edwin F. Murphy	
STREET ADDRESS	1300 Third St	
CITY-ST-ZIP	Naples FL 34102	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pam Pay	
STREET ADDRESS	5549 W 1st Ave	
CITY-ST-ZIP	Naples FL 34112	
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)(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:

SIGNATURE REQUIRED

John V. Tay

9-10-01

941 775 4555

CR2E037 (5/01)

0013871

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90003 036 \*\*\*\*61.25