

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006932

1. Entity Name

COLLIER COUNTY LEGAL AID SOCIETY, INC.

FILED

May 27, 2002 8:00 am
Secretary of State

05-27-2002 90364 032 ****61.25

Principal Place of Business

Mailing Address

2681 AIRPORT PULLING ROAD
C101
NAPLES, FL 34112
US

2681 AIRPORT PULLING ROAD
C101
NAPLES FL 34112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

C 105

C 105

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0807648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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 PD
NAME KIDON, CATHERINE
STREET ADDRESS 1333 THIRD AVENUE S
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE PD
NAME Martin, Janice
STREET ADDRESS 2678 Airport Rd S
CITY-ST-ZIP Naples FL 34112 ☐ Change ☒ Addition

TITLE PD
NAME RIDDLE, MELINDA
STREET ADDRESS 3841 31ST AVE. SW
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE D
NAME Stewart, Deborah
STREET ADDRESS 845 Fifth Ave S
CITY-ST-ZIP Naples FL 34102 ☐ Change ☒ Addition

TITLE PD
NAME GREIDER, CHRISTINE
STREET ADDRESS 207 BAY PT.
CITY-ST-ZIP NAPLES FL ☐ Delete

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

TITLE TD
NAME GEHRKE, CHARLES
STREET ADDRESS 23424 CORAL BEAN CT
CITY-ST-ZIP BONITA SPRINGS FL 34134 ☐ Delete

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

TITLE D
NAME VARQUEZ, ERIC
STREET ADDRESS 900 WEST AVE S
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

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

TITLE D
NAME MURPHY, EDWIN F
STREET ADDRESS 1300 THIRD STREET
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-02 239 775 4555

CR2E037 (9/01)