

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004530

1. Entity Name

COLLIER COUNTY VISITORS & CONVENTION BUREAU, INC

Principal Place of Business

Mailing Address

365 FIFTH AVE. SOUTH. STE. 202
NAPLES FL 34102

365 FIFTH AVE. SOUTH. STE. 202
NAPLES FL 34102-6575

2. Principal Place of Business

3620 Tamiami Trail North

3. Mailing Address

3620 Tamiami Trail N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples, FL

4. FEI Number

59-0688292

Applied For

Not Applicable

Zip

34103-3724

Country

USA

Zip

34103-3724

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

COLEMAN, J. MICHAEL

365 FIFTH AVE. SOUTH, STE. 202
NAPLES FL 34102

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 C ☐ Delete
NAME COLEMAN, MICHAEL
STREET ADDRESS 3620 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34103

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

TITLE D ☐ Delete
NAME DOUGALS, TERRI L
STREET ADDRESS 3620 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34103

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

TITLE T ☐ Delete
NAME MORTON, ED
STREET ADDRESS 3620 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34103

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

TITLE S ☐ Delete
NAME WESTON, DAVE
STREET ADDRESS 3620 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34103

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

TITLE D ☐ Delete
NAME CASE V, CARLETON JR
STREET ADDRESS 3620 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34126

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

TITLE P ☐ Delete
NAME JANATSCH, DAWN
STREET ADDRESS 3620 N TAMiami TRAIL
CITY-ST-ZIP NAPLES FL 34103

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)