2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003
Secretary of State

DOCUMENT# N98000004530

Entity Name: COLLIER COUNTY VISITORS & CONVENTION BUREAU, INC.

Current Principal Place of Business:

3620 TAMIAMI TRAIL NORTH
NAPLES, FL 341033724 US

New Principal Place of Business:

Current Mailing Address:

3620 TAMIAMI TRAIL NORTH
NAPLES, FL 341033724 US

New Mailing Address:

FEI Number: 59-0688292 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY, JAY
3620 N. TAMIAMI TRAIL
NAPLES, FL 34103

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BUDD, RUSSELL
Address: 3620 N. TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: S ( ) Delete
Name: CONRECODE, TOM
Address: 3620 N TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: T ( ) Delete
Name: MCMAHAM, TERRY
Address: 3620 N TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: WESTON, DAVE
Address: 3620 N TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: MORTON, ED
Address: 3620 N TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MORTON, ED
Address: 3620 N TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition
Name: DIAZ, FERMIN A
Address: 3620 N TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HUESTON, C J
Address: 3620 N TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUSSELL BUDD C 02/26/2003

Electronic Signature of Signing Officer or Director — Date