

9/12/01-90022-049-\$61.25-\$61.25

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004367

1. Entity Name

TOURISM ALLIANCE OF COLLIER COUNTY, INC.

Principal Place of Business

1400 GULF SHORE BOULEVARD, NORTH  
123A-STE  
NAPLES FL 34102

Mailing Address

1400 GULF SHORE BOULEVARD, NORTH  
123A-STE  
NAPLES FL 34102

2. Principal Place of Business

5395 Park Central

3. Mailing Address

5395 PARK CENTRAL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES, FL

Zip

34109

Country

USA

Zip

34109

Country

USA

09/12/01

DO NOT WRITE IN THIS SPACE

59-3630246

Applied For

Not Applicable

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

WOODWARD, CRAIG R  
WOODWARD PIRES & LOMBARDO, P.A.  
606 BALD EAGLE DRIVE, STE. 500  
MARCO ISLAND FL 34145

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  
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	D	<input type="checkbox"/> Delete
NAME	PERCEL, GEORGE	
STREET ADDRESS	140 WATERWAY DRIVE	
CITY-ST-ZIP	MARCO ISLAND FL 34145	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DINUNZIO, JOE	
STREET ADDRESS	2555 N. TAMiami TRAIL	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DURKIN, KEVIN	
STREET ADDRESS	4100 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input type="checkbox"/> Delete
NAME	Joy LeLonek	
STREET ADDRESS	501 Goodlette Rd. #A210	
CITY-ST-ZIP	Naples, FL 34102	
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		<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		
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)(f), 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

8/3/01

941-597-8001

Daytime Phone #

CR2E037 (3/01)