

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90268 033 \*\*\*\*61.25

0052421

**DOCUMENT # N99000005238**

1. Entity Name

**WORLDCLASS COLLIER, INC.**



Principal Place of Business

~~615 THIRD AVE SOUTH~~  
~~NAPLES FL 34102~~  
**4747 Progress Ave**  
**Naples, FL 34104**

Mailing Address

**PO BOX 9293**  
**NAPLES FL 34101**

2. Principal Place of Business

3. Mailing Address

**4747 Progress Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples, FL**

City & State

Zip

**34104**

Country

**USA**

Zip

Country

4. FEI Number **65-0952706**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**11018218**



6. Name and Address of Current Registered Agent

**VROMAN, MARK**  
**4747 PROGRESS AVE**  
**NAPLES FL 34104**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mark A Vroman*

**4/24/03**

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>VROMAN, MARK A</b>	
STREET ADDRESS	<b>4747 PROGRESS AVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>ABALOS, JOE</b>	
STREET ADDRESS	<b>3710 ESTEY AVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34104</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>HORTON, JACK</b>	
STREET ADDRESS	<b>275 YUCCA RD</b>	
CITY-ST-ZIP	<b>NAPLES FL 34102</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MAHER, TOM</b>	
STREET ADDRESS	<b>7515 PELICAN BAY BLVD #178</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>PETERSON, SANDRA</b>	
STREET ADDRESS	<b>22901 FOREST EDGE CT</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34135</b>	
TITLE	<b>W</b>	<input type="checkbox"/> Delete
NAME	<b>HAINSWORTH, MELODY</b>	
STREET ADDRESS	<b>2655 NORTHBROOKE DR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	

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	
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:

*Mark A Vroman* **REQUIRED**

**4/24/03**

**239-643-4343**

CR2E037 (10/02)