

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90080 024 ****61.25

DOCUMENT # N99000006637

1. Entity Name

COLLIER COUNTY POLICE ACTIVITY LEAGUE, INC.

Principal Place of Business

Mailing Address

3823 TAMiami TRAIL EAST PMB #422
NAPLES FL 34112

3823 TAMiami TRAIL EAST PMB #422
NAPLES FL 34112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

CARPENTER, DAVID B
4900 BISCAYNE DR #8
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 C
NAME CARPENTER, DAVID B
STREET ADDRESS 4900 BISCAYNE DRIVE, # 8
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

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

TITLE VC
NAME FOGG, GEORGE
STREET ADDRESS 10270 IMMOKALEE ROAD
CITY-ST-ZIP NAPLES FL 34120 ☒ Delete

TITLE VC
NAME Wright, Toran
STREET ADDRESS 8100 San Yveta Circle
CITY-ST-ZIP Naples, FL 34105 ☐ Change ☒ Addition

TITLE TD
NAME MARKHAM, NANCY C
STREET ADDRESS 4580 EAGLE KEY CIRCLE
CITY-ST-ZIP NAPLES FL 34112-5205 ☐ Delete

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

TITLE SD
NAME LEE, SALLY
STREET ADDRESS 6600 BEACH LESON DRIVE, APT # 1
CITY-ST-ZIP NAPLES FL 34114 ☐ Delete

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

TITLE D
NAME LANIUS, SARAH
STREET ADDRESS 960 22ND AVE NE
CITY-ST-ZIP NAPLES FL 34120 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 of David B. Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(941) 774-2898

Daytime Phone #

CR2E037 (10/00)