

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006637

1. Entity Name

COLLIER COUNTY POLICE ACTIVITY LEAGUE, INC.

Principal Place of Business

3823 TAMiami TRAIL EAST PMB #422
NAPLES FL 34112

Mailing Address

3823 TAMiami TRAIL EAST PMB #422
NAPLES FL 34112

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

CARPENTER, DAVID B
4900 BISCAYNE DR #8
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

680 Luisa Lane, Unit #2

City

Naples

FL

Zip Code

34104

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 C
NAME CARPENTER, DAVID B
STREET ADDRESS 4900 BISCAYNE DRIVE, # 8
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

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

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

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

TITLE VC
NAME WRIGHT, TORAN
STREET ADDRESS 8107 SAN VIATA CIRCLE
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME CARPENTER, DAVID B
STREET ADDRESS 680 LUISA LANE, UNIT #2
CITY-ST-ZIP NAPLES FL 34104 ☒ Change ☐ Addition

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

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

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

TITLE C
NAME WRIGHT, TORAN
STREET ADDRESS 8107 SAN VIATA CIRCLE
CITY-ST-ZIP NAPLES FL 34105 ☒ Change ☐ Addition

TITLE VC
NAME ECKENROTH, ROBIN
STREET ADDRESS 3301 TAMiami TRAIL EAST, BLDG J
CITY-ST-ZIP NAPLES FL 34112 ☐ 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: *Nancy C. Markham*

9-04-02 239-774-2898

CR2E037 (4/02)