

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90942 031 ***150.00

DOCUMENT # P96000085858

1. Entity Name
LIBRA OF COLLIER COUNTY, INC.



Principal Place of Business
**4222 GULF SHORE BLVD. NORTH
NAPLES FL 34103**

Mailing Address
**4222 GULF SHORE BLVD. NORTH
NAPLES FL 34103**

2. Principal Place of Business
**4360 Gulf Shore Blvd N
Suite, Apt. #, etc.
#600**

3. Mailing Address
Suite, Apt. #, etc.

City & State
Naples, FL

City & State

4. FEI Number
59-3405456

Applied For
Not Applicable

Zip
34103

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HEIST, H A
1661 ESTERO BLVD.
SUITE 20
FT MYERS BEACH FL 33932**

7. Name and Address of New Registered Agent

Name **CONNIE A. SIMS**
Street Address (P.O. Box Number is Not Acceptable)
5100 ESPLANADE ST
City **BONITA SPRINGS** FL **34134**

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 *Connie A. Sims*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SIMS, CONNIE**
STREET ADDRESS **5100 ESPLANADE ST**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Delete
NAME **HUNT, LAURIE**
STREET ADDRESS **1018 WOODSHIRE LANE**
CITY-ST-ZIP **NAPLES FL 33942**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **D**
NAME **HUNT, LAURIE**
STREET ADDRESS **1337 Solana Rd.**
CITY-ST-ZIP **NAPLES, FL 34103**

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 ☐ Change ☐ 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 607, 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:

Connie A. Sims **Connie A. Sims** **4/9/03** **239-643-2728**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)