

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90057 003 \*\*\*150.00

**DOCUMENT # 271801**

1. Entity Name  
**COLLIER LAND AND CATTLE CORPORATION**

Principal Place of Business

**3003 N TAMiami TRAIL  
 STE 400  
 NAPLES FL 34103  
 US**

Mailing Address

**3003 N TAMiami TRAIL  
 STE 400  
 NAPLES FL 34103  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1030307**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**FLORA, TERRY L  
 3003 N TAMiami TRAIL  
 STE 400  
 NAPLES FL 34103**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOOD, THOMAS J</b>	NAME	
STREET ADDRESS	<b>3003 TAMiami TR N. STE 400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLORA, TERRY L</b>	NAME	
STREET ADDRESS	<b>3003 TAMiami TR N. STE 400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, MICHAEL O</b>	NAME	
STREET ADDRESS	<b>3003 TAMiami TR N. STE 400</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OCONNOR, JOHN D</b>	NAME	<i>Vice President Oconnor, John D.</i>
STREET ADDRESS	<b>3003 TAMiami TR N. STE 400</b>	STREET ADDRESS	<i>3003 Tamiami Trail n. Ste 400</i>
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	CITY-ST-ZIP	<i>Naples, Fl 34103</i>
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORINA, ROBERT D</b>	NAME	<i>Treasurer, Vice President Corina Robert D.</i>
STREET ADDRESS	<b>3003 TAMiami TR N. STE 400</b>	STREET ADDRESS	<i>3003 Tamiami TR. N. Ste 400</i>
CITY-ST-ZIP	<b>NAPLES FL 34103</b>	CITY-ST-ZIP	<i>Naples Fl 34103</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *TERRY L. FLORA, VP* 4/18/02 94/261-4455  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)