

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 713439

1. Entity Name

THE COLLIER FOUNDATION, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90044 007 ****61.25

Principal Place of Business 3001 NORTH TAMIMI TRAIL STE 207 NAPLES FL 34103 US	Mailing Address 3001 NORTH TAMIMI TRAIL STE 207 NAPLES FL 34103-4172 US
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2. Principal Place of Business 801 Laurel Oak Drive	3. Mailing Address 801 Laurel Oak Drive
Suite, Apt. #, etc. Suite 618	Suite, Apt. #, etc. Suite 618

City & State Naples, FL	City & State Naples, FL
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Zip 34108	Country USA	Zip 34108	Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0163703	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERKOVICH, JOSEPH I 3001 TAMIMI TRAIL NORTH SUITE 207 NAPLES FL 34103

7. Name and Address of New Registered Agent Name Samuel S. Polk Street Address (P.O. Box Number is Not Acceptable) 801 Laurel Oak Dr., Suite 618 City Naples FL Zip Code 34108
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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 *Samuel S. Polk* **Samuel S. Polk** *Secretary* **3/31/00**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLLIER, MILES C 3001 NORTH TAMIMI TRAIL, STE 207 NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD READ, ISABEL COLLIER 3001 NORTH TAMIMI TRAIL, STE 207 NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLLIER, BARRON G., II 3001 NORTH TAMIMI TRAIL, STE 207 NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEGMEYER, SUSETTE L. 3001 TAMIMI TR., N. #207 NAPLES FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PERKOVICH, JOSEPH I 3001 TAMIMI TRAIL N #207 NAPLES FL 34103 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 Laurel Oak Dr., Suite 618 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 Laurel Oak Dr., Suite 618 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 Laurel Oak Dr., Suite 618 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 Laurel Oak Dr., Suite 618 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Polk, Samuel S. 801 Laurel Oak Dr., Suite 618 Naples, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Samuel S. Polk* **Samuel S. Polk** *Director* **(941) 596-2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)