

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 01, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000002081**

1. Entity Name  
**BARRON COLLIER COMPANY, LTD.**

Principal Place of Business 2600 GOLDEN GATE PARKWAY NAPLES FL 34105	Mailing Address P.O. BOX 413038 NAPLES FL 34101
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **59-2198008**  
 Applied For  Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**MARINELLI PAUL J**  
 2600 GOLDEN GATE PARKWAY  
 NAPLES FL 34105  
 US

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE **05/01/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **84,999,901.00**  
 10. Amount of Capital Contributions in FLORIDA to date. **84,999,901.00**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	<b>SPROUL JULIET CTRUSTEE</b>
STREET ADDRESS	<b>2600 GOLDEN GATE PARKWAY</b>
CITY-ST-ZIP	<b>NAPLES FL 34105</b>
DOCUMENT #	
NAME	<b>KELLER DONNA G</b>
STREET ADDRESS	<b>2600 GOLDEN GATE PARKWAY</b>
CITY-ST-ZIP	<b>NAPLES FL 34105</b>
DOCUMENT #	
NAME	<b>ALDEN PHYLLIS G</b>
STREET ADDRESS	<b>2600 GOLDEN GATE PARKWAY</b>
CITY-ST-ZIP	<b>NAPLES FL 34105</b>
DOCUMENT #	
NAME	<b>VILLERE FRANCES G</b>
STREET ADDRESS	<b>2600 GOLDEN GATE PARKWAY</b>
CITY-ST-ZIP	<b>NAPLES FL 34105</b>
DOCUMENT #	
NAME	<b>GABLE LAMAR</b>
STREET ADDRESS	<b>2600 GOLDEN GATE PARKWAY</b>
CITY-ST-ZIP	<b>NAPLES FL 34105</b>
DOCUMENT #	
NAME	<b>COLLIER BARRON GIII</b>
STREET ADDRESS	<b>2600 GOLDEN GATE PARKWAY</b>
CITY-ST-ZIP	<b>NAPLES FL 34105</b>

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE: JULIET C. SPROUL** GP **05/01/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)