

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A00000002081

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: BARRON COLLIER COMPANY, LTD.

**Current Principal Place of Business:**

2600 GOLDEN GATE PARKWAY  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 413038  
NAPLES, FL 34101

**New Mailing Address:**

FEI Number: 59-2198008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARINELLI, PAUL J  
2600 GOLDEN GATE PARKWAY  
NAPLES, FL 34105 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 84,999,901.00

**Amount of Capital Contributions in Florida to date:** 84,999,901.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: COLLIER, BARRON G III  
Address: 2600 GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34105

Address:  
City-St-Zip:

Document #:

Name: GABLE, LAMAR  
Address: 2600 GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34105

Address:  
City-St-Zip:

Document #:

Name: VILLERE, FRANCES G  
Address: 2600 GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34105

Address:  
City-St-Zip:

Document #:

Name: ALDEN, PHYLLIS G  
Address: 2600 GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34105

Address:  
City-St-Zip:

Document #:

Name: KELLER, DONNA G  
Address: 2600 GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34105

Address:  
City-St-Zip:

Document #:

Name: SPROUL, JULIET C TRUSTEE  
Address: 2600 GOLDEN GATE PARKWAY  
City-St-Zip: NAPLES, FL 34105

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LAMAR GABLE

GP

04/30/2002

Electronic Signature of Signing General Partner

\_\_\_\_\_ Date