

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000002010**

1. Entity Name
BARRON COLLIER INVESTMENTS, LTD.

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2600 GOLDEN GATE PARKWAY
~~STE-200~~
NAPLES FL 34105

Mailing Address
P.O. BOX 413038
NAPLES FL 34101-3038

2. Principal Place of Business
Suite, Apt. #, etc.

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

City & State
Zip Country

City & State
Zip Country

4. FEI Number **65-0630512** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MARINELLI, PAUL J
2600 GOLDEN GATE PARKWAY
~~STE-200~~
NAPLES FL 34105

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$40,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$9,624,257.00**

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	COLLIER, BARRON III 2600 GOLDEN GATE PARKWAY NAPLES FL 34105	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	LYNTON, HAROLD S TRUSTEE 2600 GOLDEN GATE PARKWAY NAPLES FL 34105	STREET ADDRESS CITY - ST - ZIP	9000002292529--0 -06/15/00--01130--016 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SPROUL, KATHERINE G TRUSTEE 2600 GOLDEN GATE PARKWAY NAPLES FL 34105	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	SPROUL, JULIET C TRUSTEE 2600 GOLDEN GATE PARKWAY NAPLES FL 34105	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GABLE, LAMAR 2600 GOLDEN GATE PARKWAY NAPLES FL 34105	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	VILLERE, FRANCES G 2600 GOLDEN GATE PARKWAY NAPLES FL 34105	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* **Juliet C. Sproul** 4/28/2000 (941)262-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/11)