

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90086 022 \*\*\*150.00

**DOCUMENT # G25299**

1. Entity Name

**COLLIER INSURANCE SERVICES, INC.**

Principal Place of Business

2335 TAMIAMI TRAIL, NORTH, STE 401  
 NAPLES FL 34103  
 US

Mailing Address

2335 TAMIAMI TRAIL, NORTH, STE 401  
 NAPLES FL 34103-4458  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2264429**

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

7. Name and Address of New Registered Agent

**ROBINSON, RICHARD W.**  
 2335 TAMIAMI TRAIL, NORTH, STE 401  
 NAPLES FL 34103

Name  
**Stanley W. Plappert**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2335 Tamiami Trail N., #401**  
**Naples,**  
 City **FL** Zip Code **34103**

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

*[Handwritten Signature]*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-24-2000**

DATE

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBINSON, RICHARD W 2335 N. TAMIAMI TRL #401 NAPLES, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBINSON, MARY A 2335 N. TAMIAMI TRL #401 NAPLES, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ALDRICH, BARBARA T. 2335 N. TAMIAMI TRL #401 NAPLES FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RYBA, MICHAEL F 2335 TAMIAMI TRAIL NO., #401 NAPLES FL 34103	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Stanley W. Plappert 2335 Tamiami Trail N., #401 Naples, FL 34103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-261-6116

Daytime Phone #

**3-24-00**

CR2E034 (9/99)