2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90002 025 ***150.00

DOCUMENT # L29766

1. Entity Name.
COLLIER TRAVEL, INC.

Principal Place of Business	Mailing Address
2830 NORTH TAMIAMI TRAIL NAPLES FL 34103 US	2830 TAMIAMI TR NORTH NAPLES FL 34103-4414 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
470 Commercial Blvd	470 Commercial Blvd
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State NAPLES FL	City & State NAPLES FL
Zip 34104 Country USA	Zip 34104 Country USA

4. FEI Number 650163862 NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GOGGIN, JOSEPH
4 WEST PELICAN, ISLES OF CAPRI
NAPLES FL 34113

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 Joseph A Goggin
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOGGIN, JOSEPH		NAME	
STREET ADDRESS	2830 TAMIAMI, TR N		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	
TITLE	VPSD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NIELSEN, KRISTI		NAME	
STREET ADDRESS	2830 TAMIAMI, TR N		STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E034 (9/99)

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: Kristi Nielsen 941-263-3533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #