

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002988

1. Entity Name
COLLIER CITRUS MANAGEMENT, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02

Principal Place of Business
25450 AIRPORT ROAD
PUNTA GORDA FL 33950

Mailing Address
25450 AIRPORT ROAD
PUNTA GORDA FL 33950



2. Principal Place of Business
4210 Metro Pkwy
Suite, Apt. #, etc.
Suite 250

3. Mailing Address
4210 Metro Pkwy Suite 250
Suite, Apt. #, etc.
250

DO NOT WRITE IN THIS SPACE

City & State
Fort Myers, FL
Zip
33916-9409 Country
USA

City & State
Fort Myers, FL
Zip
33916-9409 Country
USA

4. FEI Number **65-0881574**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

RYAN, STEPHEN W
3003 TAMiami TRAIL NORTH
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4210 Metro Parkway Suite 250
City **Fort Myers** FL Zip Code **33916**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGR CONSOLIDATED CITRUS MANAGEMENT, L.L.C.
STREET ADDRESS **8050 SOUTH U.S. HIGHWAY 27**
CITY-ST-ZIP **SOUTH BAY FL 33494**

TITLE NAME Change Addition
4210 Metro Parkway Suite 250
STREET ADDRESS **Fort Myers, FL 33916**

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date _____ Daytime Phone # _____

CR2E083 (5/00)