


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90074 045 \*\*\*\*61.25

DOCUMENT # **N02000002922**

1. Entity Name  
**COLLIERLEE FARM, A HEALING COMMUNITY, INC.**



Principal Place of Business Mailing Address

**PO BOX 2070 FORT MYERS FL 33902** *Pls Change to*  
**PO BOX 2070 FORT MYERS FL 33902**

2. Principal Place of Business Mailing Address

**11621 SPINNAKER WAY CANNON COVE FORT MYERS, FL**  
**11621 SPINNAKER WAY CANNON COVE FORT MYERS FL**

City & State Zip Country

**PORT MYERS, FL 33908 USA** **PORT MYERS FL 33908 USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **01-0691215** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**CLASP, INC.  
C/O CUMMINGS & LOCKWOOD  
3001 TAMiami TRAIL NORTH SUITE 400  
NAPLES FL 34013**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Joseph M Licata PD* DATE **1-20-2003**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LICATA, JOSEPH M	
STREET ADDRESS	11621 SPINNAKER WAY	
CITY-ST-ZIP	FORT MYERS FL 33908-5258	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOTT, ROBERT J	
STREET ADDRESS	6790 ST EDMUNDS LOOP	
CITY-ST-ZIP	FORT-MYERS-FL 33912	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LICATA, CAROL A	
STREET ADDRESS	11621 SPINNAKER WAY	
CITY-ST-ZIP	FORT MYERS FL 33908-5258	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SCOTT, A. PAULA	
STREET ADDRESS	6790 ST EDMUNDS LOOP	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph M Licata* **JOSEPH M LICATA PRESIDENT 1/20/2003**

Signature, typed or printed name of signing officer or director Date Dairing Phone #

CR2E037 (10/02)

239-481-2582