

2000-UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90100 036 ****61.25

DOCUMENT # N94000002334

1. Entity Name

COLLINS CENTER FUND, INC.

Principal Place of Business

Mailing Address

~~CAWTHON HOUSE
 FSU LAW SCHOOL CAMPUS
 TALLAHASSEE FL 32302~~

PO BOX 1658
 TALLAHASSEE FL 32302-1658



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CAWTHON HOUSE

3. Mailing Address

Suite, Apt. #, etc.

CORNER MLK BLVD. + JEFFERSON

City & State

Tallahassee, FL

City & State

4. FEI Number

65-0477373

Applied For

Not Applicable

Zip

32306

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETREY, RODERICK N
 701 BRICKELL AVE
 SUITE 3000
 MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	APTHORP, JAMES W	
STREET ADDRESS	15310 AMBERLY DR SUITE 220	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	PETREY, RODERICK N	
STREET ADDRESS	701 BRICKELL AVENUE, SUITE 3000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DST	<input type="checkbox"/> Delete
NAME	MARKS, JOHN R III	
STREET ADDRESS	215 S MONROE ST STE 130	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	DV	<input type="checkbox"/> Delete
NAME	THAYER, STELLA	
STREET ADDRESS	215 MADISON ST #2400 1ST FLOOR TOWER	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUMBERGER, THOM	
STREET ADDRESS	P.O. BOX 10507, N.A.	
CITY-ST-ZIP	Tallahassee, FL 32302	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AURELL, JANE COLLINS	
STREET ADDRESS	920 LIVE OAK PLANTATION ROAD	
CITY-ST-ZIP	Tallahassee, FL 32312	
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roderick N. Petrey, President

9/30/00

305-789-7722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)