

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/2. 5/

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90086 029 \*\*\*\*61.25

**DOCUMENT # N99000006891**

1. Entity Name

**COLLIER COUNCIL, INC.**

Principal Place of Business

**3200 BAILEY LANE, SUITE 200  
 NAPLES FL 34105**

Mailing Address

**3200 BAILEY LANE, SUITE 200  
 NAPLES FL 34105**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

**P. O. Box 7187**

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

**Naples, FL  
 34101-7187**

Country

4. FEI Number

**59-3596955**

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

**REYNOLDS, ALAN  
 3200 BAILEY LANE, SUITE 200  
 NAPLES FL 34105**

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	Edward A. Morton	
STREET ADDRESS	350 7th Avenue North	
CITY-ST-ZIP	Naples, FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	Garrett S. Richter	
STREET ADDRESS	8771 Tamiami Trail North	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	Jeffrey D. Fridkin	
STREET ADDRESS	5551 Ridgewood Drive	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	Gerri Moll	
STREET ADDRESS	4501 Tamiami Trail North	
CITY-ST-ZIP	NAPLES, FL 34104	
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)(f), 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: Jeffrey D. Fridkin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 Jeffrey D. Fridkin, / 941-514-1000  
Date Daytime Phone #

CR2E037 (9/99)