

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90277 018 ***150.00

DOCUMENT # P93000039635

1. Entity Name

BUYER'S BROKER OF COLLIER COUNTY, INC.

Change Address to -

Principal Place of Business

**654 BAMBOO CT.
MARCO ISLAND FL 33937**

Mailing Address

**654 BAMBOO CT.
MARCO ISLAND FL 33937**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite/Apt. #, etc.

City & State

Zip

Country

*150-14 Santa Clara Dr.
Naples, FL 34104*



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0487846**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GARRY, TIM L
654 BAMBOO CT.
MARCO ISLAND FL 33937**

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.

Change Address only

SIGNATURE

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, 2001 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

TITLE **D** ☐ Delete
NAME **GARRY, TIM L**
STREET ADDRESS **654 BAMBOO CT.**
CITY-ST-ZIP **MARCO ISLAND FL 33937**

TITLE **S** ☐ Delete
NAME **JOYCE I. GARRY**
STREET ADDRESS **654 BAMBOO CT.**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *150 Santa Clara Dr.* ☒ Change ☐ Addition
NAME *Naples, FL*
STREET ADDRESS *(Address only)*
CITY-ST-ZIP *34104*

TITLE *150-14 Santa Clara Dr.* ☒ Change ☐ Addition
NAME *Naples*
STREET ADDRESS *34104*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Tim L. Garry - **Tim L. Garry**

2/28/01

941-394-3023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)