

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002334

1. Entity Name

COLLINS CENTER FUND, INC.

Principal Place of Business

CAWTHON HOUSE  
CORNER MLK BLVD. & JEFFERSON  
TALLAHASSEE FL 32308  
US

Mailing Address

PO BOX 1658  
TALLAHASSEE FL 32302-1658

2. Principal Place of Business

150 SE 2<sup>nd</sup> Avenue

3. Mailing Address

150 SE 2<sup>nd</sup> Avenue

Suite, Apt. #, etc.

Ste 709

Suite, Apt. #, etc.

Ste 709

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0477373

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	DC	<input type="checkbox"/> Delete
NAME	RUMBERGER, THOM	
STREET ADDRESS	P O BOX 10507, N.A.	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
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	D	<input type="checkbox"/> Delete
NAME	AURELL, JANE COLLINS	
STREET ADDRESS	920 LIVE OAK PLANTATION RD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	403 E. Park Ave	
CITY-ST-ZIP	32301	
TITLE	PD	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURELL, JANE COLLINS	
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roderick N. Petrey  
PD

4/26/01 (305) 784-7722

Date

Daytime Phone #

FILED

Jun 07, 2001 8:00 am  
Secretary of State

06-07-2001 90006 016 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)