

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90049 014 ****61.25

DOCUMENT # N94000002334

1. Entity Name

COLLINS CENTER FUND, INC.

Principal Place of Business

Mailing Address

150 SE 2ND AVE.
 STE 709
 MIAMI FL 33131
 US

150 SE 2ND AVE.
 STE 709
 MIAMI FL 33131
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0477373

Applied For

Not Applicable

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DC
RUMBERGER, THOM
403 E. PARK AVE.
TALLAHASSEE FL 32301

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
PETREY, RODERICK N
701 BRICKELL AVENUE, SUITE 3000
MIAMI FL 33131

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DST
MARKS, JOHN R III
215 S MONROE ST STE 130
TALLAHASSEE FL 32301

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DV
THAYER, STELLA
215 MADISON ST #2400 1ST FLOOR TOWER
TAMPA FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
AURELL, JANE COLLINS
920 LIVE OAK PLANTATION RD
TALLAHASSEE FL 32312

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
DPST

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
1225 Live Oak Plantation Road

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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: **COLLINS CENTER Fund, Inc.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Roderick N. Petrey 2/1/02 (305) 789-7722

CR2E037 (9/01)