

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 271801

1. Entity Name
COLLIER LAND AND CATTLE CORPORATION



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90359 029 ***150.00

053323 AV

Principal Place of Business
3003 N TAMiami TRAIL
STE 400
NAPLES FL 34103
US

Mailing Address
3003 N TAMiami TRAIL
STE 400
NAPLES FL 34103
US

11037371



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 59-1030307

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORA, TERRY L
3003 N TAMiami TRAIL
STE 400
NAPLES FL 34103

Name CORINA, ROBERT D
Street Address (P.O. Box Number is Not Acceptable) 3003 TAMiami TRAIL N, STE 400
City NAPLES FL Zip Code 34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert D. Corina DATE 2/25/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLOOD, THOMAS J	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	FLORA, TERRY L	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TAYLOR, MICHAEL O	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OCONNOR, JOHN D	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	TV	<input type="checkbox"/> Delete
NAME	CORINA, ROBERT D	
STREET ADDRESS	3003 TAMiami TR N. STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIER, MILES C.	
STREET ADDRESS	3003 TAMiami TRAIL N, STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	CC/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLIER II, BARON G	
STREET ADDRESS	3003 TAMiami TRAIL N, STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, MICHAEL O.	
STREET ADDRESS	3003 TAMiami TRAIL N, STE 400	
CITY-ST-ZIP	NAPLES, FL 34103	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BIRR, JEFFREY M	
STREET ADDRESS	3003 TAMiami TRAIL N, STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORINA, ROBERT D.	
STREET ADDRESS	3003 TAMiami TRAIL N, STE 400	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONRECODE, THOMAS E	
STREET ADDRESS	3003 TAMiami TRAIL N, STE 400	
CITY-ST-ZIP	NAPLES FL 34103	

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 607, 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:

Robert D. Corina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Corina

2/25/03

239-261-4455

Date

Daytime Phone #

CR2E034 (10/02)