

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90166 041 \*\*\*150.00

**DOCUMENT # 152227**

1. Entity Name  
**COLLIER DEVELOPMENT CORPORATION**

Principal Place of Business

**3003 NORTH TAMIAMI TRAIL  
 STE 400  
 NAPLES FL 34103  
 US**

Mailing Address

**3003 NORTH TAMIAMI TRAIL  
 STE 400  
 NAPLES FL 34103  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0581693**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLORA, TERRY L  
 3003 TAMIAMI TRAIL N.  
 STE 400  
 NAPLES FL 34103**

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME FLOOD, THOMAS J  
 STREET ADDRESS 3003 TAMIAMI TR N. STE 400  
 CITY-ST-ZIP NAPLES FL 34103

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

TITLE VD ☐ Delete  
 NAME BIRR, JEFFREY M  
 STREET ADDRESS 3003 TAMIAMI TR N. STE 400  
 CITY-ST-ZIP NAPLES FL 34103

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

TITLE VSD ☐ Delete  
 NAME FLORA, TERRY L  
 STREET ADDRESS 3003 TAMIAMI TR N. STE 400  
 CITY-ST-ZIP NAPLES FL 34103

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

TITLE VT ☐ Delete  
 NAME OCONNOR, JOHN D  
 STREET ADDRESS 3003 TAMIAMI TR N. STE 400  
 CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition  
 NAME Vice President  
 STREET ADDRESS O'Connor, John D.  
 CITY-ST-ZIP 3003 Tamiami Tr N. Ste 400  
 Naples FL 34103

TITLE AT ☐ Delete  
 NAME CORINA, ROBERT D  
 STREET ADDRESS 3003 TAMIAMI TR N. STE 400  
 CITY-ST-ZIP NAPLES FL 34103

TITLE ☒ Change ☐ Addition  
 NAME Treasurer, Vice President  
 STREET ADDRESS Corina, Robert D.  
 CITY-ST-ZIP 3003 Tamiami Tr. Ste 400  
 Naples FL 34103

TITLE V ☐ Delete  
 NAME TAYLOR, MICHAEL  
 STREET ADDRESS 3003 TAMIAMI TRAIL NORTH STE 400  
 CITY-ST-ZIP NAPLES FL 34103

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:

*Signature Required*  
 TERRY L. FLORA, VP

Date

Daytime Phone #

4/18/02 941/261-4455

CR2E034 (9/01)