

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 90359 029 ***150.00

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1. Entity Name
COLLIER LAND AND CATTLE CORPORATION



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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-1030307** 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
**FLORA, TERRY L
3003 N TAMiami TRAIL
STE 400
NAPLES FL 34103**

7. Name and Address of New Registered Agent
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 FLOOD, THOMAS J 3003 TAMiami TR N. STE 400 NAPLES FL 34103	TITLE COO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COLLIER, MILES C. 3003 TAMiami TRAIL N, STE 400 NAPLES FL 34103
TITLE VSD	<input checked="" type="checkbox"/> Delete FLORA, TERRY L 3003 TAMiami TR N. STE 400 NAPLES FL 34103	TITLE COO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COLLIER II, BARRON G 3003 TAMiami TRAIL N, STE 400 NAPLES FL 34103
TITLE VD	<input type="checkbox"/> Delete TAYLOR, MICHAEL O 3003 TAMiami TR N. STE 400 NAPLES FL 34103	TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAYLOR, MICHAEL O. 3003 TAMiami TRAIL N, STE 400 NAPLES, FL 34103
TITLE V	<input checked="" type="checkbox"/> Delete OCONNOR, JOHN D 3003 TAMiami TR N. STE 400 NAPLES FL 34103	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BIRR, JEFFREY M 3003 TAMiami TRAIL N, STE 400 NAPLES FL 34103
TITLE TV	<input type="checkbox"/> Delete CORINA, ROBERT D 3003 TAMiami TR N. STE 400 NAPLES FL 34103	TITLE V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORINA, ROBERT D. 3003 TAMiami TRAIL N, STE 400 NAPLES FL 34103
TITLE	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CONRECODE, THOMAS E 3003 TAMiami TRAIL N, STE 400 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** DATE **2/25/03** DAYTIME PHONE # **239-261-4455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (10/02)