

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90044 007 ****61.25

DOCUMENT # 713439

1. Entity Name

THE COLLIER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**3001 NORTH TAMIMI TRAIL
 STE 207
 NAPLES FL 34103
 US**

**3001 NORTH TAMIMI TRAIL
 STE 207
 NAPLES FL 34103-4172
 US**

2. Principal Place of Business

801 Laurel Oak Drive

3. Mailing Address

801 Laurel Oak Drive

Suite, Apt. #, etc.

Suite 618

Suite, Apt. #, etc.

Suite 618

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

59-0163703

Applied For

Not Applicable

Zip

34108

Country

USA

Zip

34108

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PERKOVICH, JOSEPH I
 3001 TAMIMI TRAIL NORTH
 SUITE 207
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **Samuel S. Polk**
 Street Address (P.O. Box Number is Not Acceptable)
801 Laurel Oak Dr., Suite 618
 City **Naples** **FL** Zip Code **34108**

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 Samuel S. Polk **Samuel S. Polk** **Secretary** **3/31/00**
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 | VD | <input type="checkbox"/> Delete |
| NAME | COLLIER, MILES C | |
| STREET ADDRESS | 3001 NORTH TAMIMI TRAIL, STE 207 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | READ, ISABEL COLLIER | |
| STREET ADDRESS | 3001 NORTH TAMIMI TRAIL, STE 207 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | COLLIER, BARRON G., II | |
| STREET ADDRESS | 3001 NORTH TAMIMI TRAIL, STE 207 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | TEGMEYER, SUSETTE L. | |
| STREET ADDRESS | 3001 TAMIMI TR., N. #207 | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | PERKOVICH, JOSEPH I | |
| STREET ADDRESS | 3001 TAMIMI TRAIL N #207 | |
| CITY-ST-ZIP | NAPLES FL 34103 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Samuel S. Polk | |
| STREET ADDRESS | 801 Laurel Oak Dr., Suite 618 | |
| CITY-ST-ZIP | Naples, FL 34108 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Samuel S. Polk | |
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| CITY-ST-ZIP | Naples, FL 34108 | |
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| 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: Samuel S. Polk **Samuel S. Polk** **Director** **(941) 596-2233**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)