

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

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

05-08-2002 90140 037 \*\*\*150.00

**DOCUMENT # 838 929**

1. Entity Name  
Colony Investors, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1620 Gulf of Mexico Drive

3. Mailing Address  
% Stephen J. Mitchell

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
201 N. Franklin Street, Suite 2100

DO NOT WRITE IN THIS SPACE

City & State Longboat Key, FL

City & State Tampa, FL

4. FEI Number 591747077

Applied For

Not Applicable

Zip 34228

Country USA

Zip 33602

Country USA

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Dr. Murray J. Klauber

Street Address (P.O. Box Number is Not Acceptable)

1620 Gulf of Mexico Drive

City Longboat Key

FL

Zip Code 34228

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director/President/Secretary/Treasurer Dr. Murray J. Klauber 1620 Gulf of Mexico Drive Longboat Key, FL 34228	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Katherine Moulton 1620 Gulf of Mexico Drive Longboat Key, FL 34228	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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, 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, sole receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment to this address, with all other officers empowered.

*[Signature]*

Dr. Murray J. Klauber, President

941-383-7419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)