

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23859**

1. Entity Name

CFS II - SOUTH FLORIDA CENTER, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 23 PM 1:39

Principal Place of Business

C/O COLLIER FINANCIAL SERVICES, INC.
3003 TAMiami TRAIL NORTH STE. #360
NAPLES FL 34103
US

Mailing Address

C/O COLLIER FINANCIAL SERVICES, INC.
3003 TAMiami TRAIL NORTH STE. #360
NAPLES FL 34103
US

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

3003 Tamiami TRAIL N Ste 400

Suite, Apt. #, etc.

3003 Tamiami TRAIL N Ste 400

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

DUE BY MAY 1, 2002

4. FEI Number

59-2644851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLLIER FINANCIAL SERVICES, INC.
3003 TAMiami TRAIL NORTH
STE. #360
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Terry L. Flora

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.

SIGNATURE

Terry L. Flora, VP

4/18/02

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

DATE

9. Capital Contributions
as Shown on record.

\$704,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$704,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # M06384
NAME COLLIER FINANCIAL SERV.
STREET ADDRESS 3003 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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****526.25 ****526.25

CR2E003 (9/01)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Collier Financial Services, Inc.

SIGNATURE:

Terry L. Flora VP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/02

Date

239-261-4435

Daytime Phone #