

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010762 AF

DOCUMENT # **A33352**

1. Entity Name

**COLLIER HEALTH PARK, LTD.**

Principal Place of Business

**3003 TAMiami TRAIL NORTH, SUITE 400  
NAPLES FL 34103**

Mailing Address

**3003 TAMiami TRAIL NORTH, SUITE 400  
NAPLES FL 34103**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**65-0349011**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**COLLIER MANAGEMENT SERVICES, INC.,  
3003 TAMiami TRAIL NORTH, SUITE 400  
ATTN: TERRY FLORA  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

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. Capital Contributions  
as Shown on record.

**\$10,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**\$2,837,064.00**

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 # **L56855**  
NAME **COLLIER MANAGEMENT SERVICES, INC.**  
STREET ADDRESS **3003 TAMiami TRAIL NO.**  
CITY-ST-ZIP **NAPLES FL**

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CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 Management Services, Inc.**

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Terry L. Flora, VP**

**3/23/01**

Date

**941/261-4455**

Daytime Phone #

CR2E003 (11/00)

**FILED**  
**01 MAR 29 AM 11:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE