

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A92000000108**

1. Entity Name

COLLIER'S RESERVE, LTD.

FILED
01 MAR 29 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3003 TAMiami TRAIL NORTH, SUITE 400 **3003 TAMiami TRAIL NORTH, SUITE 400**
NAPLES FL 34103 **NAPLES FL 34103**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0372191** 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

7. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$20,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$9,447,205.00** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L56855	STREET ADDRESS	
NAME	COLLIER MANAGEMENT SERVICES, INC.	CITY-ST-ZIP	
STREET ADDRESS	3003 TAMiami TRAIL NORTH, SUITE 400		
CITY-ST-ZIP	NAPLES FL 33940		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	400003994244--2
STREET ADDRESS			-04/12/01--01063--018
CITY-ST-ZIP			***526.25 ***526.25
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Terry L. Flora* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Terry L. Flora, VP **3/23/01** **941/261-4455**
 Date Daytime Phone #

CR2E003 (11/00)