

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002569

1. Entity Name

COLLIER CITRUS GROVES, LTD.

Principal Place of Business

C/O COLLIER ENTERPRISES
3003 TAMiami TRAIL NORTH
NAPLES FL 33942

Mailing Address

C/O COLLIER ENTERPRISES
3003 TAMiami TRAIL NORTH
NAPLES FL 34103-2714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Ste 400

Suite, Apt. #, etc.
Ste 400

City & State

City & State

Zip 34103

Country

Zip

Country

4. FEI Number 65-0201843
~~65-0894570~~

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FLORA, TERRY L
3003 TAMiami TRAIL NORTH
NAPLES FL 33942

7. Name and Address of New Registered Agent

Name

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

Ste 400

City

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

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.

\$100,000,000.00

10. Amount of Capital Contributions \$10,353,344.00
in FLORIDA to date.

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 NORTH
CITY - ST - ZIP NAPLES FL 33942

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13. ADDRESS CHANGES ONLY

STREET ADDRESS 3003 Tamiami Trail N., Ste 400
CITY - ST - ZIP Naples, FL 34103

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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.

SIGNATURE: *Collier Management Services, Inc., general partner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/20/00

Daytime Phone # 941-261-4455

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

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