

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002832**

1. Entity Name
COLLIER ENTERPRISES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

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

Mailing Address
**3003 TAMiami TRAIL NORTH, SUITE 400
NAPLES FL 34103-2714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1683870 59-3504570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORA, TERRY L
3003 TAMiami TRAIL NORTH, SUITE 400
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 _____ (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. \$10,000,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P97000104992
NAME	COLLIER ENTERPRISES, INC.
STREET ADDRESS	3003 TAMiami TRAIL NORTH, SUITE 400
CITY - ST - ZIP	NAPLES FL 34103
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	300003264918-0
CITY - ST - ZIP	-05/24/00--01045--004 ****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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

SIGNATURE: *Collin Management Services, Inc., GP*
Terry L. Flora 4/20/00 941-261-4455
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)