

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002832			
1. Entity Name COLLIER ENTERPRISES, 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
01 MAR 29 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1683870				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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000104992 COLLIER ENTERPRISES, INC. 3003 TAMIAMI TRAIL NORTH, SUITE 400 NAPLES FL 34103	STREET ADDRESS CITY-ST-ZIP	800003994238--0 -04/12/01--01063--014 ***526.25 ***526.25
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CR2E003 (11/00)

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